

PATIENT MOTIVATION PROFILE - FEMALE

Date	07/04/21			
Name	Madi Gillespie		D.O.B	24/02/1996
Addre				
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	ation (current &/or previous) Recruiter			
	o you live with? Partner (Ben)			
	ed by			_
(e.g. GF Dani	specialists being seen gynaecologist, endocrinologist, natural therapist, Chin elle Shirley - Natropath ndrew Peng - Gyne	ese herbalist, etc – plea ichelle Davey - Ph		
Prof.	Andrew Korda - Gyne (don't see him anyr	nore bad doc)		
Dr Je	ffrey McDonald- GP			
Olivia	ı Clarke - Pelvic Physio			
1. <u>G</u>	at health goals and/or concerns ather more information to beat Endo			
3				
	e list any other pre-diagnosed health condition things related to Endo	ns		
Aller	gies, recurrent UTIs and Thrust loop, bad	immunity		
Note	From changes in diet and with Danielles	herbs I don't get l	JTIs anymore or (general colds and flu

Current allergies (food, environmental, medication, etc)

Allergy test 5 years ago indicated Corn, Tomato, Rice, Sage and Orange. But recent gut test (results attached said I was fine with Tomato, brown rice, sage and orange but avoid Almonds, Blueberry, Broccoli, brussels, cabbage, cashews, cauliflower, crab, egg yolk, goat, mustard greens, prunes, spinach and trout

Current diet (please list food you regularly eat/ foods you avoid/ foods you do not like or react to; how much water you drink and if it is filtered or tap)

I follow the list from Viome, but breakfast is usually Avo on Paleo Seeded bread with lemon salt & pep alfafa sprouts and rocket. Lunch is Turkey pasta with zucchini, tomatos, capsicum, basil. Dinner is steak and

salad or meatballs and brown rice pasta, or chicken and veg dish or Fish and Veg/salad

Please list any medications and/or supplements you are currently taking, including the reason for taking them, brand names and quantities/ dosages

OestoClear - Orthoplex - x1 morning and night Xativa CBD perscription - 75mg p/day

ProgestaLift - Orthoplex x1 morning PEA -Biomedica - 500mg p/day

Omega Ease - BioMedica - x2 morning and night GI-Restore - Biomedica - 7.5g p/day

Buffered Mag Glycinate - Spectrum Ceuticals - x2 morning & x2 lunch BioMatrix - Biomedica - 12g p/day

Somni Support - Bioclinic naturals - x2 at night PhytoZyme - Biomedica - x1 capsule before food

Ellura - x1 at night morning and night

HEALTH HISTORY

FAMILY HEALTH HISTORY

Please list your family health history below, citing the condition and relevant family member (please note also if they died from the illness)

Small lung cell cancer -Died 76 mums side

Lung Cancer - Grandpa dads side don't know much about

Aunty just had hysterectomy but not sure why she was never diagnosed with Endo but she doesn't have access to good healthcare

Grandma at age 25 got Ovarian Cancer and had hysterectomy

Please chronologically list your health history timeline from birth to now, citing the approximate date, condition/diagnosis and treatment (including surgeries if applicable)

E.g. 2001 Hypothyroidism – prescribed thyroxine 30mg/daily which I continue to take;

E.g 2012 Endometriosis – laparoscopy, no treatment post-surgery.

Surgery at age 14 to remove piece of skin as tampon got stuck - nothing major

17 - complained about heavy periods and pain - got perscribed Yasmin for 3 months and was incredibly nauseous, then Zooely for about a year after that. Seemed to be fine but I don't recall something must of been wrong for me to want to try implanon

Implanon for 3 years no issues (other than recurring UTI's, bad immunity, chronic headaches), Got it changed then fine for about a year, then I wanted to be on no hormones for better health, can't remember what happened in this time but something urged me to try Mirena (maybe for pain), tried it, was in Agony, felt it was n't in right spot, got it taken out after 2 months, then back on implanon.then I started spotting everyday for 4 months and having increased painful sex then my partner said I should get checked for endo

the specialist told me to go off implanon to see how I was for 6 months, I was crawling in pain back into his office after 1 month, operated on 11/03/20 (report attached to email), he put me on mirena, gave it 4 months and

was in agony again, got it taken out and been on nothing since.

GENERAL HEALTH

Please put a 'Y' in the box if you current suffer from any of the following Please put a 'X' in the box if you have experienced this problem in the past

GASTROINTESTINAL		RESPIRATORY		ENDOCRINE		
Constipation	up and dow	Shortness of breath		Hyperthyroidism		
Diarrhea	iarrhea			Hypothyroidism		
Bloating	Bloating sometimes		Regular cough			
Flatulence		Sinus/nasal congestion		Diabetes I		
Indigestion		Post-nasal drip		Diabetes II		
Acid reflux/ heartburn		Hay fever		Weight loss		
Worms/parasites		Allergies	yes	Weight gain		
SIBO						
Polyps		NERVOUS	NERVOUS			
Bad breath		Adrenal fatigue		Anemia (Iron)		
Mucous in stool		Chronic fatigue	yes	Anemia (B12)		
Blood in stool		Poor memory		Haemochromatosis		
Food in stool		Poor concentration		Easily bruised	yes	
Itchy anus		Brain fog	yes	Frequent nose bleeds		
Laxative use		ADD/ ADHD				
Haemmoroids		Learning difficulties		URINARY/ KIDNEY		
		Pins/needles		Kidney infection		
CARDIOVASCULAR		Headaches	yes	Kidney pain		
High blood pressure		Migraines	yes	Frequent urination		
Low blood pressure		Tinnitus		Dark urine		
Metabolic syndrome				White froth in urine		
High cholesterol		IMMUNE		Get up for toilet during the night		
Heart attack		Frequent colds/ flu/virus		Urinary Tract infection (UTI)		
Heart murmur		EBV/ Glandular fever		Cystitis		
Angina		Autoimmunity		Incontinence ye		
Arrhythmia		Cancer		Extreme thirst	yes	
Poor circulation		HIV	non 16/18	8 for 2 years		
Cold feet		Thrush/candida	yes	LIVER/ GALLBLADDER		
Cold hands		Swollen glands		Hepatitis		
Dizziness		Cold sores		Fatty liver disease		
Varicose veins		Styes		Issue digesting fat		
				Sticky/mushy stool		
HAIR		NAILS		Gallbladder removal		
Increased loss	yes	Brittle		Poor alcohol tolerance		
Poor quality	yes	Vertical ridges		Weight gain		
Oily	yes	Split easily	yes			
Dry		Soft				
Dandruff						

SKIN		FEMALE REPRO		TRAUMA		
Dry yes		Abnormal pap smear non 16/	18 for 2 years	Physical abuse		
Oily		Adenomyosis		Sexual abuse		
Rough		Amenorrhea (absent period)		Verbal abuse		
Itching		` ' '		Broken bones		
Acne		Break thru bleeding		Head trauma		
Psoriasis	if drink	Breast lumps (benign)		Accidents		
Eczema		Contraceptive Pill		Divorce		
Dermatitis		Cystitis		Death of loved one		
Offensive odour		Ectopic pregnancy		Bankruptcy		
Poor wound healing		Endometriosis	yes	Natural Disaster		
		Fallopian tube issues		Other		
SLEEP QUALITY		Fibroids				
Issues falling asleep		Flooding		EMOTIONS		
Issues staying asleep				Depression		
Vivid dreams	yes	Genital Ulcers		Anxiety	yes	
Nightmares		Genital warts/ HPV		Panic attacks		
Snoring		Genito-urinary infections		Mood swings	yes	
Sweating		Gynecological cancer Ir		Irritability		
Wake up hungry				Chronic stress	yes	
Wake up tired		Irregular periods	yes	Anger		
Excessive grinding	yes	IUD/Mirena		Cranky skipping meals		
ENERGY		Low libido		Looping/ OCD		
Good energy		Malformed womb		Phobias		
Poor energy		Miscarriage				
Need caffeine regularly		Ovarian Cysts		TOXIN EXPOSURE		
Energised at night		Ovulation pain	yes	Cigarettes		
Post exercise fatigue		Pain on intercourse	yes	e-Cigarettes		
Malaise Painful period		Painful periods	yes	Passive smoke		
		PCOS		Damp in home/work	maybe	
MUSCULOSKELETAL		Pelvic Inflammatory disease (PID)		Recreational drugs		
Cramps		PMS	yes	Alcohol		
Pins/needles	yes	Smelly discharge		Chlorine pools		
Injury		Tender breasts	yes	Garden pesticides		
Arthritis		Vaginal burning/irritation		Fluoridated toothpaste		
Osteoporosis/Osteopenia		Vaginal thrush	yes	Tap water		
Disc issues		Vaginitis		Non-organic meat		
Back pain	yes			Processed/deli meats		
Shoulder/neck pain	yes			Antibiotics	was on f	or many years
Joint pain/ stiffness				Amalgam fillings		
				Non-organic skin care		
				Non-organic make up		
				Mainstream deodorants		
				Regular vaccinations		
				Glues/fume/chemical/ gas exposure at work		

DENTAL		EXERCISE		YOUR BIRTH		
Fillings		Rarely		Normal birth		
Root Canal		Often		Tongs / Suction Cap	suctio	on cap
Abscess		Daily		C-section		
Tooth decay		Walking		Vaccinated	y	es
Tooth erosion		Running		Jaundice		
Tooth sensitivity/ aches		Swimming		Other issues		
Gum disease		Pilates				
Bleeding gums with floss		Yoga	yes			
Bad breath		Gym				
Ulcers/ mouth sores		Other				
Braces/ Plates	yes	I used to exercise 5/6 times intensive train	ning, but	annot anymore		
Clenching						
Grinding	yes					
Sore neck upon waking	yes					
Bite marks inside cheek						
Sore jaw	yes					
Snoring						
Sleep apnea						

ADDITIONAL INFO					
Please list any other relevant information you would like to disclose below					