

PATIENT MOTIVATION PROFILE - FEMALE

Date <u>06/10/2021</u>		
Name Vera Zadniprovska	D.O.B	07/08/1987
Address 125 Awaba Street, Mosman NSW, 2088		
Phone No <u>0478 019 971 Email</u> <u>vzadnipro@gmail</u>	.com	
Occupation (current &/or previous) Manager, Global Reward		
Who do you live with? Husband		
Referred by		
Other specialists being seen (e.g. GP, gynaecologist, endocrinologist, natural therapist, Chinese herbalist, etc - please list names a GP: Michela Sorensen / Mona Vale Medical Practice - (02) 9997 4266	and conta	act details)
WHRIA: Dr Lauren Kite and Lyz Howard (Osteopath) - 1300 722 206		
Naturopathic practitioner: Lisa McDonald (Indigo Sage Health) - 0422 009 1	192	
Gynaecologist: Dr Susan Valmadre (first appointment scheduled for mid No	ov 21) -	- (02) 9922 2330
Pain psychologist: Dr Kym Hando (first appointment scheduled for 8 Oct 21) - (02	9439 6456
Current health goals and/or concerns 1. Eliminate / manage pelvic pain 2. Improve gut / microbiome		
Z. improve gat, mioresieme		
3. Conception		
Please list any other pre-diagnosed health conditions Adenomyosis, endometriosis, polyps in uterus, vulvadinya, polycystic ovarie	es	
SIBO (began after treatment for h-pylori in 2012, cleared, but methane proc	lucing	SIBO still present)
Painful bladder syndrome / IC, recurrent UTIs		
Miscairraige at 10 weeks, October 2019		

Current allergies (food, environmental, medication, etc) Mould, algae, dust
None to food that come up on any tests
None known to medication, but in the past 2-3 years not able to tolerate most probiotics
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)
Feb 2021 to Apr 2021 went on a strict low FODMAP diet
Apr 2021 to Jul 2021 went on a anti-histamine and dysbosis diet (see attached)
Took a break from all diets Aug 2021. Resumed the strict diet from April 2021 noted above mostly with some low FODMAP items introduced (e.g. rice occasionally)
with some low FODMAF items introduced (e.g. fice occasionally)
Please list any medications and/or supplements you are currently taking, including the reason for taking them, brand names and quantities/ dosages
I am just about to commence the supplements as listed in the treatment plan from Lisa McDonald.
I've ordered most supplements. I am also taking two medications as listed at bottom of that form
from other practitioners.
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)
Not that I know of, but appears mom has genetically high cholesterol; both parents living
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.
Vulvodynia - 2006; recurrent UTIs and then painful bladder syndrome & IC, approx. 2006/07;
h-pylori - 2012; methane SIBO (post h-p) - 2012; polycystic ovaries - 2013; endo/aden/polyps - 2021
Have a deviated septum, since birth always have had sinusitis type issues
Had recurrent vaginal/yeast/BV infections since being sexually active from 2006

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

SKIN		FEMALE REPRO		TRAUMA	
Dry		Abnormal pap smear		Physical abuse	
Oily		Adenomyosis	Υ	Sexual abuse	X
Rough		Amenorrhea (absent period)	Х	Verbal abuse	Х
Itching	Y	Anovulation		Broken bones	
Acne	-	Break thru bleeding		Head trauma	
Psoriasis		Breast lumps (benign)		Accidents	
Eczema		Contraceptive Pill		Divorce	
Dermatitis		Cystitis		Death of loved one	
Offensive odour		Ectopic pregnancy		Bankruptcy	
Poor wound healing		Endometriosis	Υ	Natural Disaster	
3		Fallopian tube issues		Other	
SLEEP QUALITY		Fibroids			
Issues falling asleep	X	Flooding		EMOTIONS	
Issues staying asleep	X-oc.	-		Depression	
Vivid dreams	Y 30.	Genital Ulcers		Anxiety	Υ
Nightmares	X	Genital warts/ HPV	?	Panic attacks	X
Snoring		Genito-urinary infections	?	Mood swings	Y-oc.
Sweating	Y	Gynecological cancer		Irritability	Y
Wake up hungry	•	Infertility		Chronic stress	Y
Wake up tired	X	Irregular periods	Υ	Anger	X
Trake up theu		IUD/Mirena	'	Cranky skipping meals	
ENERGY		Low libido		Looping/ OCD	
Good energy		Malformed womb		Phobias	
Poor energy	?	Miscarriage	X	THOSTEO	
Need caffeine regularly		Ovarian Cysts		TOXIN EXPOSURE	
Energised at night	Y-oc.	•	Υ	Cigarettes	
Post exercise fatigue	1 33.	Pain on intercourse	Y	e-Cigarettes	
Malaise		Painful periods	Y	Passive smoke	X
		PCOS	Υ	Damp in home/work	X
MUSCULOSKELETAL		Pelvic Inflammatory disease (PID)	?	Recreational drugs	
Cramps	Υ	PMS	Y-oc.	Alcohol	X
Pins/needles	X	Smelly discharge	Υ	Chlorine pools	X
Injury		Tender breasts	X	Garden pesticides	?
Arthritis		Vaginal burning/irritation	Υ	Fluoridated toothpaste	Y
Osteoporosis/Osteopenia		Vaginal thrush	X	Tap water	X
Disc issues		Vaginitis	?	Non-organic meat	
Back pain				Processed/deli meats	Х
Shoulder/neck pain				Antibiotics	X
Joint pain/ stiffness				Amalgam fillings	X
				Non-organic skin care	X
				Non-organic make up	X
				Mainstream deodorants	X
				Regular vaccinations	
				Glues/fume/chemical/	
				gas exposure at work	

DENTAL		EXERCISE		YOUR BIRTH	
Fillings	X	Rarely	Υ	Normal birth	X
Root Canal	Х	Often	X	Tongs / Suction Cap	
Abscess		Daily		C-section	
Tooth decay		Walking	Y	Vaccinated	Х
Tooth erosion		Running		Jaundice	
Tooth sensitivity/ aches	Х	Swimming		Other issues	
Gum disease		Pilates			
Bleeding gums with floss	Х	Yoga	X		
Bad breath	Υ	Gym			
Ulcers/ mouth sores	Х	Other			
Braces/ Plates	Х				
Clenching	Υ				
Grinding	Υ				
Sore neck upon waking					
Bite marks inside cheek					
Sore jaw					
Snoring					
Sleep apnea					

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