

## PATIENT MOTIVATION PROFILE - FEMALE

Date	Feb 14th, 2022			
Name	Britney Robson		D.O.B .	Sept 10, 1987
Address .	6 Watkins road, Avalon E	Beach		
Phone No	0404 404 095	Email	Britneykrobson@gm	nail.com
Occupatio	n (current &/or previous) Hai	r stylist & colorist/ b	usiness owner	
Who do yo	ou live with?			
Referred b	y Emma Berry			
•	cialists being seen aecologist, endocrinologist, natural th	nerapist, Chinese herbalist, o	etc – please list names and contac	et details)
Repro	oductive immunologist - Dr.	Gamal Matthias	02 9709 4700	
	Cimino - Naturopath 040			
Acupi	uncturist - chloe player 02 f	3406 0679		
	ealth goals and/or concerns <b>(eep inflammation down ar</b>	nd health optimal for	a healthy pregnancy	
Ke	ep endometriosis from gro	wing back		
3				
	any other pre-diagnosed healt , endometriosis, MTHFR	h conditions		

Current allergies (food, environmental, medication, etc)  Dairy, gluten, sendtiive to chemicals
<b>,</b> , g, c
Current diet (please list food you regularly eat/ foods you avoid/ foods you do not like or react to; how much water you drink a f it is filtered or tap)
Min 2 litees diktered water everyday
I stay away from dairy, gluten and processed foods
Please list any medications and/or supplements you are currently taking, including the reason for taking the brand names and quantities/ dosages NAC
NAD +
Ubiquinol Naturobest prenatal
B12 spray
Vitamin D spray
Mom - gut issues, still born at 7 months, poor digestion, high cholesterol  Moms mom - uteran cancer, breast cancer, autoimmune disorder
Dad's mom - possible endometrioiss, problems with miscarriage abd carrying
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.
Tonsilectomy - 2011
Lipoma removal on my side rib cage - 2019
D & C july 2021

## **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		Shortness of breath		Hyperthyroidism		
Diarrhea		Asthma		Hypothyroidism		
Bloating	<b>✓</b>	Regular cough		Adrenal dysfunction		
Flatulence		Sinus/nasal congestion		Diabetes I		
Indigestion		Post-nasal drip		Diabetes II		
Acid reflux/ heartburn		Hay fever		Weight loss		
Worms/parasites		Allergies		Weight gain		
SIBO	<b></b>					
Polyps		NERVOUS	'	HAEMATOLOGY		
Bad breath		Adrenal fatigue		Anemia (Iron)		
Mucous in stool		Chronic fatigue	<b>/</b>	Anemia (B12)		
Blood in stool		Poor memory		Haemochromatosis		
Food in stool	<b>V</b>	Poor concentration	<b>/</b>	Easily bruised	<b>✓</b>	
Itchy anus		Brain fog	<b>/</b>	Frequent nose bleeds		
Laxative use		ADD/ ADHD				
Haemmoroids		Learning difficulties		URINARY/ KIDNEY		
		Pins/needles		Kidney infection		
CARDIOVASCULAR		Headaches		Kidney pain		
High blood pressure		Migraines		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	<b>/</b>	Incontinence		
Arrhythmia		Cancer		Extreme thirst		
Poor circulation		HIV				
Cold feet	<b>✓</b>	Thrush/candida		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		Brittle		Poor alcohol tolerance	<b>✓</b>	
Poor quality		Vertical ridges		Weight gain	<b>/</b>	
Oily		Split easily				
Dry		Soft				
Dandruff						

SKIN		FEMALE REPRO		TRAUMA	
Dry		Abnormal pap smear		Physical abuse	
Oily		Adenomyosis		Sexual abuse	
Rough		Amenorrhea (absent period)		Verbal abuse	
Itching		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	<b>✓</b>	Natural Disaster	
		Fallopian tube issues		Other	
SLEEP QUALITY		Fibroids			
Issues falling asleep		Flooding		EMOTIONS	
Issues staying asleep		Genital Herpes		Depression	
Vivid dreams		Genital Ulcers		Anxiety	
Nightmares		Genital warts/ HPV		Panic attacks	
Snoring		Genito-urinary infections		Mood swings	
Sweating		Gynecological cancer		Irritability	
Wake up hungry		Infertility		Chronic stress	
Wake up tired		Irregular periods		Anger	
		IUD/Mirena		Cranky skipping meals	
ENERGY		Low libido	<b>✓</b>	Looping/ OCD	
Good energy		Malformed womb		Phobias	
Poor energy	<b>V</b>	Miscarriage	<b>V</b>		
Need caffeine regularly		Ovarian Cysts		TOXIN EXPOSURE	
Energised at night		Ovulation pain		Cigarettes	
Post exercise fatigue		Pain on intercourse		e-Cigarettes	
Malaise		Painful periods		Passive smoke	
		PCOS		Damp in home/work	
MUSCULOSKELETAL		Pelvic Inflammatory disease (PID)		Recreational drugs	
Cramps		PMS		Alcohol	<b>✓</b>
Pins/needles		Smelly discharge		Chlorine pools	
Injury		Tender breasts		Garden pesticides	
Arthritis		Vaginal burning/irritation		Fluoridated toothpaste	
Osteoporosis/Osteopenia		Vaginal thrush		Tap water	
Disc issues		Vaginitis		Non-organic meat	
Back pain				Processed/deli meats	
Shoulder/neck pain				Antibiotics	
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	
Abscess		Daily		C-section	
Tooth decay		Walking		Vaccinated	
Tooth erosion		Running		Jaundice	
Tooth sensitivity/ aches		Swimming		Other issues	
Gum disease		Pilates			
Bleeding gums with floss		Yoga		Twin, born two months premate Lung dev. in the icu for two mo	
Bad breath		Gym			
Ulcers/ mouth sores		Other			
Braces/ Plates					
Clenching					
Grinding	<b>/</b>				
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					