

## **PATIENT MOTIVATION PROFILE** - FEMALE

Date 8th December			
NameGemma Bamforth			D.O.B 13.10.1988
Address110 Robsons	Road Keiraville		
Phone No	0431224421	Email	gemmamayfitzgerald@gmail.com
Occupation (current &/or previo	OUS)Artist		
Who do you live with?	My Husband		
Referred by	Madeline Boud		
		inese herbalist, etc	– please list names and contact details)
Current health goals and/or  1. My Period has been developing to be quite this pain with diet and I think the acupund	te painful (up to 3 and even sometimes 4 d	lays of nurofen). I am reguarly	emotional beforehandand have swollen breasts. I have been able to minimise some
2. My husband and I would like to have a ba	by. We have been trying for a year with mi	nimal worry, however I am awa	are I probably need to sort out my periods first.
3. I have small spots on my skin that seem to	have come back in the last month. It might	be psoriasis	
I am also wanting some advice on the Astr	azenica vaccine with I received in Novemb	per.	
Please list any other pre-dia	gnosed health conditio	ons	

Current diet (please list food you regularly eat/ foods you of it is filtered or tap)	avoid/ foods you do not like or react to; how much water you drink and
Eat: Goats cheese, blueberries, eggs, oat milk, coffee, dark chocolate, thyme, chard, broccoli, fish, pranges, farro, rice, potatoes. I eat lots of veggies.	red meat, chicken, yoghurt, sourdough, butter, sweet potato, wheat pasta, tomatoes, apples,
Drink: Just purchased a reverse osmosis water filtration system. I drink about 1 - 1.5 litres of w	vater every day.
void: Over the past few years I have mostly (not completely) cut out meats and dairy but have	re recently started eating them again in the last month
brand names and quantities/ dosages	ou are currently taking, including the reason for taking them,
Ethical nutrients extra C for immune health (covid) 2 per day	
Herbs of gold quercertin complex (covid vaccine) 1 per day  312 spray (my naturopath put me onto it a year ago) 2 per	
day	
Thorne prenatal - 1 per day (for preganacy	
Mediab nanocelle D3 spray - 2 per day (for pregnancy, my period pain and immune health)	
Bioceuticals Ultraclen DHA omega - (for pregnancy) 1 per day	
Orthoplex Zince citrate - (for immune health) 1 per day	* It's worth noting I gave up all of these a month ago completely overwhelmed with
Principlex Zince citrate - (for immune health) 1 per day  HEALTH HISTORY  FAMILY HEALTH HISTORY  Please list your family health history below, citing in the place of they died from the illness)	I could achieve the same results with food?
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## **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	Y	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					
Polyps		NERVOUS HAEMATOLOGY		HAEMATOLOGY	
Bad breath		Adrenal fatigue		Anemia (Iron)	
Mucous in stool		Chronic fatigue		Anemia (B12)	
Blood in stool		Poor memory	Y	Haemochromatosis	
Food in stool		Poor concentration	Υ	Easily bruised	
Itchy anus		Brain fog	Y	Frequent nose bleeds	
Laxative use		ADD/ ADHD			
Haemmoroids		Learning difficulties		URINARY/ KIDNEY	
		Pins/needles	Y	Kidney infection	
CARDIOVASCULAR		Headaches		Kidney pain	
High blood pressure		Migraines		Frequent urination	Y
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	
Arrhythmia		Cancer		Extreme thirst	
Poor circulation		HIV			
Cold feet		Thrush/candida		LIVER/ GALLBLADDER	
Cold hands		Swollen glands		Hepatitis	
Dizziness	Y	Cold sores		Fatty liver disease	
Varicose veins		Styes	х	Issue digesting fat	
				Sticky/mushy stool	
HAIR		NAILS		Gallbladder removal	
Increased loss		Brittle		Poor alcohol tolerance	Y
Poor quality		Vertical ridges		Weight gain	
Oily	Υ	Split easily			
Dry		Soft			
Dandruff	x				

SKIN		FEMALE REPRO		TRAUMA	
Dry	Y	Abnormal pap smear		Physical abuse	
Oily		Adenomyosis		Sexual abuse	
Rough		Amenorrhea (absent period)		Verbal abuse	
Itching	Y	Anovulation		Broken bones	
Acne		Break thru bleeding		Head trauma	
Psoriasis		Breast lumps (benign)		Accidents	
Eczema		Contraceptive Pill	x	Divorce	
Dermatitis		Cystitis		Death of loved one	
Offensive odour		Ectopic pregnancy		Bankruptcy	
Poor wound healing		Endometriosis		Natural Disaster	
		Fallopian tube issues		Other	
SLEEP QUALITY		Fibroids			
Issues falling asleep		Flooding		EMOTIONS	
Issues staying asleep		Genital Herpes		Depression	
Vivid dreams	Υ	Genital Ulcers		Anxiety	
Nightmares		Genital warts/ HPV		Panic attacks	
Snoring	x	Genito-urinary infections		Mood swings	Y
Sweating		Gynecological cancer		Irritability	Y
Wake up hungry	Y	Infertility		Chronic stress	
Wake up tired		Irregular periods		Anger	
		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	Υ	Cigarettes	x
Post exercise fatigue		Pain on intercourse		e-Cigarettes	
Malaise		Painful periods	Υ	Passive smoke	
		PCOS		Damp in home/work	
MUSCULOSKELETAL		Pelvic Inflammatory disease (PID)		Recreational drugs	x
Cramps		PMS	Υ	Alcohol	Y
Pins/needles		Smelly discharge		Chlorine pools	
Injury		Tender breasts	Y	Garden pesticides	
Arthritis		Vaginal burning/irritation		Fluoridated toothpaste	
Osteoporosis/Osteopenia		Vaginal thrush		Tap water	x
Disc issues		Vaginitis		Non-organic meat	x
Back pain				Processed/deli meats	x
Shoulder/neck pain				Antibiotics	
Joint pain/ stiffness				Amalgam fillings	
				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	ı	
Fillings		Rarely		Normal birth	x	
Root Canal		Often	x	Tongs / Suction Cap		
Abscess		Daily		C-section		
Tooth decay		Walking	х	Vaccinated	I think so	
Tooth erosion		Running		Jaundice		
Tooth sensitivity/ aches		Swimming		Other issues		
Gum disease		Pilates				
Bleeding gums with floss		Yoga				
Bad breath		Gym				
Ulcers/ mouth sores	х	Other				
Braces/ Plates	x					
Clenching						
Grinding						
Sore neck upon waking						
Bite marks inside cheek						
Sore jaw						
Snoring	x					
Sleep apnea						

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