

PATIENT MOTIVATION PROFILE - FEMALE

Date	06/04/2022	
Name	Georgette Archer	
Addres	5 _7 Strickland Avenue, Lindfield, NSW, 2070	
Phone	No <u>+61 424 242 801</u> Email georgetterosearcher@gmail.com	
Occup	tion (current &/or previous) General Manager, Women's Fashion E-Commerce	
Who d	you live with? Mum and Dad	
Referr	Jemma McGeachie	
Other : (e.g. GP	pecialists being seen gynaecologist, endocrinologist, natural therapist, Chinese herbalist, etc – please list names and contact details) Dr. Rosanne Russell - 1 Kissing Point Road, Turramurra	
Gyna	ecologist - Pro. Alan Lam - Suite 408 Level 4, AMA Building, 69 Christie St, St Leonards NSW 2	:065
1. To sy inf 2. he	health goals and/or concerns establish a diet plan for both pre and post laparoscopy that will assist with treating my endontoms (bloating, pain during urination and bowel movements, fatigue, pelvic pain/cramps, ammation/pain around my sinuses and glands - allergy like symptoms, usually accompanied by adache).	′
Treat	my chronic thrush through supplements and/or diet.	
3. Tr ac	at my gut flare ups, either constipation or diahorrea episodes which are also companied by gas pains.	
	list any other pre-diagnosed health conditions ochromatosis	

Current allergies (food, environmental, medication, etc) Hayfeeever, dust, fragrance, certain alcohols with preservatives/sulfates.
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 don't consume any dairy (except small amounts of butter on toast). I avoid gluten i.e. would order or or gluten free pasta/pizza except I usually have sourdough toast for breakfast. I drink approx 2-3L of water a day from the tap. I eat a lot of meat and veggies, usually with a carb like rice, bread, pasta or a wrap I don't consume much fruit, maybe a couple times a week at most.
Please list any medications and/or supplements you are currently taking, including the reason for taking them, brand names and quantities/ dosages 1 tablet of Blackmores Daily Health Probiotics + for my chronic thrush. One every day either with breakfast or lunch.
Visanne pill daily, soon switching to IUD Mirena for endo.
Clarantyne usually a few times a week for allergies/hayfever (dry eyes, nose, mouth).
15ml of Sanita Active Curcumin Elixir per day, usually before breakfst or lunch as an anti-inflamatory.
Mother's Mother died of heart attack. Mother's father died of prostate cancer. Mother's Sister Breast Cancer, Mother's Brother Melanoma. Father's Mother Heart Disease.
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 31 October 2014 onychomycosis - nail fungus - 27 October 2016 chickenpox - 29 June 2017 haemochromatosis
- 4 July 2017 blastocystis hominis enteritis - gut organism - 26 April 2021 - endoscopy and colonoscopy

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	Y	Shortness of breath	Υ	Hyperthyroidism	
Diarrhea	Y	Asthma	Х	Hypothyroidism	
Bloating	Υ	Regular cough		Adrenal dysfunction	
Flatulence	Y	Sinus/nasal congestion	Υ	Diabetes I	
Indigestion		Post-nasal drip		Diabetes II	
Acid reflux/ heartburn		Hay fever	Υ	Weight loss	
Worms/parasites	Х	Allergies	Y	Weight gain	
SIBO					
Polyps		NERVOUS		HAEMATOLOGY	·
Bad breath	Υ	Adrenal fatigue		Anemia (Iron)	
Mucous in stool		Chronic fatigue	Х	Anemia (B12)	
Blood in stool		Poor memory		Haemochromatosis	Υ
Food in stool		Poor concentration		Easily bruised	
Itchy anus		Brain fog		Frequent nose bleeds	
Laxative use		ADD/ ADHD			
Haemmoroids		Learning difficulties		URINARY/ KIDNEY	•
		Pins/needles		Kidney infection	
CARDIOVASCULAR	'	Headaches	Υ	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)	Х
Heart murmur		EBV/ Glandular fever	Х	Cystitis	
Angina		Autoimmunity		Incontinence	
Arrhythmia		Cancer		Extreme thirst	
Poor circulation		HIV			
Cold feet		Thrush/candida	Υ	LIVER/ GALLBLADDER	
Cold hands		Swollen glands		Hepatitis	
Dizziness		Cold sores		Fatty liver disease	
Varicose veins		Styes	X	Issue digesting fat	
				Sticky/mushy stool	
HAIR		NAILS		Gallbladder removal	
Increased loss		Brittle		Poor alcohol tolerance	Υ
Poor quality		Vertical ridges	Υ	Weight gain	
Oily		Split easily			
Dry		Soft			
Dandruff	Y				

Rough Adenomyosia Y Sexual abuse Rough Amenorrhea (absent period) Verbal abuse Rough Rough Amenorrhea (absent period) Verbal abuse Rough Rou	SKIN		FEMALE REPRO		TRAUMA	
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Regular vaccinations Y Glues/fume/chemical/					Non-organic make up	Y
Glues/fume/chemical/					Mainstream deodorants	Υ
					Regular vaccinations	Υ
gas exposure at work						
					gas exposure at work	

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