

PATIENT MOTIVATION PROFILE – NSW 2204 FEMALE

Date 10/05/22
Name Katie Barget D.O.B 03/07/77
Address 301/32 Enfield Street, Marrickville,
Referred by you ;)
Phone No 0424942026 Other specialists being seen Dr
Occupation Photographer Terri Foran
(current &/or previous) Email katie@captarphoto.com
Who do you live with? Partner

(e.g. GP, gynecologist, endocrinologist, natural therapist, Chinese herbalist, etc – please list names and contact details)

Current health goals and/or concerns

1. Hormonal, perimenopausal, endo,
2. Energy, brain fog, exhaustion, depletion
3. Herpes

Please list any other pre-diagnosed health conditions - dysplastic cells in cervix x3, tonsillitis, Epstein Barr, Glandular Fever, HPV, Sjogrens

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Current allergies (food, environmental, medication, etc) Mussels, damp, dusty

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)

DO OFTEN: Filtered water only, celery juice, grapefruit + orange juice, chicken broth (store bought), coffee, oats, almond milk, soy milk, bananas, avocados, pizza, wholegrain pasta, every herb available, goats cheese, tomatoes, iceberg, cos lettuce, most white fish, esp monk fish and barramundi, asparagus, brussels, kale, potatoes, brown rice, capsicum, legumes (chick peas, cannellini beans, azuki beans, black beans), tuna, bread, mayo, mustard, sandwich pickles, eggs, turmeric, paprika, cinnamon, oregano, cacao, chicken, dark chocolate, chili

OCCASIONALLY: shepherds pie, eating out, beetroot, carrots, tasty cheese, breaded chicken, dim sim, lasagne, Italian Bowl (drool), lentils, wine, gin

VERY OCCASIONALLY: beef, lamb, aged cheese, blue cheese, whiskey, more than one glass of wine or gin

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

Started taking the contraceptive pill Slinda mid March and Valtrex daily also. The first month it was great, this second month it hasn't been. Magnesium + zinc at night, when i remember (not often enough), Occasionally NAC, Vit C, Vit B and D when i feel run down. Collagen powder in smoothies + coffee when I remember. Nothing consistently - other than the pill + valtrex

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)

Mother - hysterectomy and menopause before 30, sister and cousin have also just had hysterectomies.

Mother's side - endo (adhesions), breast cancer, heavy bleeders

Father's side - bowel cancer, diverticulitis, hernias

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.

13 yrs old - tonsillectomy + wisdom teeth taken out

21 yrs old - dysplastic cervical cells CIN3 - loop cone biopsy (repeated visits every six months, one year and two years)

26 yrs old - caught herpes for the first time - faclovir management when outbreak strikes

35 yrs old - started getting regular outbreaks but didnt realise as were teeny blisters on my bum
(brain fog!!!!!!)

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	X	Hyperthyroidism	
Diarrhea		Asthma		Hypothyroidism	
Bloating	X	Regular cough	X	Adrenal dysfunction	
Flatulence		Sinus/nasal congestion	X	Diabetes I	
Indigestion	X	Post-nasal drip		Diabetes II	
Acid reflux/ heartburn		Hay fever		Weight loss	
Worms/parasites		Allergies		Weight gain	X
SIBO					
Polyps		NERVOUS		HAEMATOLOGY	
Bad breath		Adrenal fatigue	X	Anemia (Iron)	
Mucous in stool		Chronic fatigue		Anemia (B12)	
Blood in stool		Poor memory	X	Haemochromatosis	
Food in stool		Poor concentration	X	Easily bruised	
Itchy anus		Brain fog	X	Frequent nose bleeds	
Laxative use		ADD/ ADHD	X		
Haemorrhoids		Learning difficulties	X	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	X	Cystitis	
Angina		Autoimmunity		Incontinence	X
Arrhythmia		Cancer		Extreme thirst	
Poor circulation		HIV			
Cold feet		Thrush/candida	X	LIVER/ GALLBLADDER	
Cold hands		Swollen glands		Hepatitis	X
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	X
Poor quality		Vertical ridges		Weight gain	
Oily		Split easily			
Dry		Soft			
Dandruff					

SKIN		FEMALE REPRO		TRAUMA	
Dry	X	Abnormal pap smear	X	Physical abuse	
Oily		Adenomyosis		Sexual abuse	
Rough		Amenorrhea (absent period)		Verbal abuse	
Itching		Anovulation		Broken bones	
Acne		Break thru bleeding	X	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	X	Natural Disaster	
		Fallopian tube issues		Other	
SLEEP QUALITY		Fibroids			
Issues falling asleep	X	Flooding		EMOTIONS	
Issues staying asleep	X	Genital Herpes	X	Depression	X
Vivid dreams		Genital Ulcers		Anxiety	X
Nightmares		Genital warts/ HPV	X	Panic attacks	X
Snoring		Genito-urinary infections		Mood swings	X
Sweating		Gynecological cancer		Irritability	X
Wake up hungry		Infertility	X	Chronic stress	
Wake up tired		Irregular periods		Anger	
		IUD/Mirena		Cranky skipping meals	
ENERGY		Low libido	X	Looping/ OCD	
Good energy		Malformed womb		Phobias	
Poor energy		Miscarriage			
Need caffeine regularly		Ovarian Cysts		TOXIN EXPOSURE	
Energised at night		Ovulation pain		Cigarettes	
Post exercise fatigue		Pain on intercourse		e-Cigarettes	
Malaise		Painful periods	X	Passive smoke	
		PCOS		Damp in home/work	
MUSCULOSKELETAL		Pelvic Inflammatory disease (PID)		Recreational drugs	
Cramps		PMS		Alcohol	X
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	X
Back pain				Processed/deli meats	
Shoulder/neck pain	X			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	
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DENTAL		EXERCISE		YOUR BIRTH	
Fillings		Rarely		Normal birth	X
Root Canal		Often	X	Tongs / Suction Cap	
Abscess		Daily	X	C-section	
Tooth decay		Walking	X	Vaccinated	
Tooth erosion	X	Running		Jaundice	
Tooth sensitivity/ aches		Swimming		Other issues	
Gum disease		Pilates	X		
Bleeding gums with floss	X	Yoga	X		
Bad breath		Gym			
Ulcers/ mouth sores		Other			
Braces/ Plates					
Clenching	X				
Grinding					
Sore neck upon waking					
Bite marks inside cheek	X				
Sore jaw					
Snoring					
Sleep apnea					

ADDITIONAL INFO

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