



ALEXANDRA MIDDLETON

NATUROPATHIC NUTRITIONIST

PATIENT MOTIVATION PROFILE – FEMALE

Date 23/05/2022
Name CHLOE BAKER D.O.B 28/01/1988
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Phone No 0448658508 Email chloebaker1@hotmail.co.uk
Occupation (current &/or previous) STUDENT
Who do you live with? House share
Referred by N/A

Other specialists being seen

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

Newtown Community Chiropractic - Stephen Foster

Current health goals and/or concerns

1. Systemic inflammation - painful joints/ endo flare ups/ longstanding injuries

2. Fatigue - low energy levels

3. Brain fog

Please list any other pre-diagnosed health conditions

Endometriosis

Current allergies (food, environmental, medication, etc)

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)

No meat or dairy. No citrus, peanuts, caffiene. Mostly avoid gluten. Daily - pea protein, blueberries, bananas
Regularly - Kale, spinach, brocolli, Avo, carrots, beets, pumpkin, sweet pot, mushrooms, capsicum, zucchini, toms, lentil pasta, lentils, quorn, brown rice, beans, coconut yoghurt, almond milk, cashews, vegan choc/ cake
Eggs 3 or so times a week. Fish once a fortnight. Water - 1 litre a day - herbal teas and cold tap water

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

Citalopram 10mg p/day - anxiety/ ptsd
Curcuma (720mg) + ginger + black pepper (weightworld) - 1 capsule p/day - inflammation
Inner health plus dairy free - 1 capsule p/day - gut health
B12 Spray 500 micrograms - BioCeuticals - 1 spray once a day - energy levels
Irregularly - medicinal mushrooms - cordyceps, lions mane (Orchard st), diatomaceous earth (super-charged foods) - general wellbeing

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)

Nan - mums side - Lymphoma - passed
Dad - addiction - passed

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.

PCOS - 2008 - No treatment
Endometriosis - discovered via ectopic pregnancy - laparoscopy - fallopian tube removed - 2011
Laparoscopy - adhesion tidied - 2018
Colposcopy - Lletz - Abnormal cells removed - 2020

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	X	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	
Bad breath		Adrenal fatigue	Y	Anemia (Iron)	
Mucous in stool		Chronic fatigue	Y	Anemia (B12)	
Blood in stool		Poor memory		Haemochromatosis	
Food in stool		Poor concentration		Easily bruised	Y
Itchy anus	X	Brain fog	Y	Frequent nose bleeds	
Laxative use		ADD/ ADHD			
Haemmoroids		Learning difficulties		URINARY/ KIDNEY	
		Pins/needles		Kidney infection	X
CARDIOVASCULAR		Headaches	Y	Kidney pain	X
High blood pressure		Migraines		Frequent urination	Y
Low blood pressure	Y	Tinnitus	Y	Dark urine	Y
Metabolic syndrome				White froth in urine	
High cholesterol		IMMUNE		Get up for toilet during the night	Y
Heart attack		Frequent colds/ flu/virus		Urinary Tract infection (UTI)	X
Heart murmur		EBV/ Glandular fever		Cystitis	X
Angina		Autoimmunity		Incontinence	
Arrhythmia		Cancer		Extreme thirst	
Poor circulation	Y	HIV			
Cold feet	Y	Thrush/candida	Y	LIVER/ GALLBLADDER	
Cold hands	Y	Swollen glands	Y	Hepatitis	
Dizziness	Y	Cold sores		Fatty liver disease	
Varicose veins		Styes		Issue digesting fat	
				Sticky/mushy stool	
HAIR		NAILS		Gallbladder removal	
Increased loss		Brittle		Poor alcohol tolerance	
Poor quality		Vertical ridges		Weight gain	
Oily		Split easily	X		
Dry		Soft			
Dandruff					

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

