

PATIENT MOTIVATION PROFILE - MALE

Date	
Name	D.O.B
Address 11 ROBSONS ROAD, KEIRAVILLE NSW 2500	
Phone No Email	
Occupation (current &/or previous)	
Who do you live with?	
Referred by	
Other specialists being seen (e.g. GP, gastroenterologist, endocrinologist, natural therapist, Chinese herbalist, etc – pa	lease list names and contact details)
Current health goals and/or concerns	
1	
2	
3	
Please list any other pre-diagnosed health conditions	

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)
Please list any medications and/or supplements you are currently taking, including the reason for taking them, brand names and quantities/ dosages
Please list your family health history below, citing the condition and relevant family member (please note also if they died from the illness)
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;

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	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
Bad breath	Adrenal fatigue	Anemia (Iron)
Mucous in stool	Chronic fatigue	Anemia (B12)
Blood in stool	Poor memory	Haemochromatosis
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	Kidney pain
High blood pressure	Migraines	Frequent urination
Low blood pressure	Tinnitus	Dark urineX
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	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	
Dry	Soft	
Dandruff		

SKIN	MALE REPRO	DENTAL
Dry	Low libido	Fillings
Oily	Testicular lumps	Root Canal
Rough	Testicular cancer	Abscess
Itching	Premature ejaculation	Tooth decay
Acne	Erectile dysfunction	Tooth erosion
Psoriasis	Impotence	Tooth sensitivity/ aches
Eczema	Low sperm count	Gum disease
Dermatitis	Prostate disease	Bleeding gums with floss
Offensive odour	Varicocele or cysts	Bad breath
Poor wound healing	Vasectomy	Ulcers/ mouth sores
	Low testosterone	Braces/ Plates
SLEEP QUALITY	Hernia	Clenching
Issues falling asleep	STD/ STI	Grinding
Issues staying asleep	Testicular injury	Sore neck upon waking
Vivid dreams		Bite marks inside cheek
Nightmares	TRAUMA	Sore jaw
Snoring	Physical abuse	Snoring
Sweating	Sexual abuse	Sleep apnea
Wake up hungry	Verbal abuse	
Wake up tired	Broken bones	TOXIN EXPOSURE
	Head trauma	Cigarettes
ENERGY	Accidents	e-Cigarettes
Good energy	Divorce	Passive smoke
Poor energy	Death of loved one	Damp in home/work
Need caffeine regularly	Bankruptcy	Recreational drugs
Energised at night	Natural Disaster	Alcohol
Post exercise fatigue	Other	Chlorine pools
Malaise		Garden pesticides
	EMOTIONS	Fluoridated toothpaste
MUSCULOSKELETAL	Depression	Tap water
Cramps	Anxiety	Non-organic meat
Pins/needles	Panic attacks	Processed/deli meats
Injury	Mood swings	Antibiotics
Arthritis	Irritability	Amalgam fillings
Osteoporosis/Osteopenia	Chronic stress	Non-organic skin care
Disc issues	Anger	Non-organic make up
Back pain	Cranky skipping meals	Mainstream deodorants
Shoulder/neck pain	Looping/ OCD	Regular vaccinations
Joint pain/ stiffness	Phobias	Glues/fume/chemical/ gas exposure at work

EXERCISE	YOUR BIRTH	YOUR BIRTH		
Rarely	Normal birth			
Often	Tongs / Suction Cap			
Daily	C-section			
Walking	Vaccinated			
Running	Jaundice			
Swimming	Other issues			
Pilates				
Yoga				
Gym				
Other				

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