



ALEXANDRA MIDDLETON

NATUROPATHIC NUTRITIONIST

## PATIENT MOTIVATION PROFILE – FEMALE

Date \_\_\_\_\_

Name \_\_\_\_\_ D.O.B \_\_\_\_\_

Address \_\_\_\_\_

Phone No \_\_\_\_\_ Email \_\_\_\_\_

Occupation (current &/or previous) \_\_\_\_\_

Who do you live with? \_\_\_\_\_

Referred by \_\_\_\_\_

Other specialists being seen

(e.g. GP, gynaecologist, endocrinologist, natural therapist, Chinese herbalist, etc – please 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

---

---

---

---

---

---

## 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)

---

---

---

---

---

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.*

---

---

---

---

---

---

---

---

---

---

---

## 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

<b>GASTROINTESTINAL</b>		<b>RESPIRATORY</b>		<b>ENDOCRINE</b>	
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		<b>NERVOUS</b>		<b>HAEMATOLOGY</b>	
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		<b>URINARY/ KIDNEY</b>	
		Pins/needles		Kidney infection	
<b>CARDIOVASCULAR</b>		Headaches		Kidney pain	
High blood pressure		Migraines		Frequent urination	
Low blood pressure		Tinnitus		Dark urine	
Metabolic syndrome				White froth in urine	
High cholesterol		<b>IMMUNE</b>		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		<b>LIVER/ GALLBLADDER</b>	
Cold hands		Swollen glands		Hepatitis	
Dizziness		Cold sores		Fatty liver disease	
Varicose veins		Styes		Issue digesting fat	
				Sticky/mushy stool	
<b>HAIR</b>		<b>NAILS</b>		Gallbladder removal	
Increased loss		Brittle		Poor alcohol tolerance	
Poor quality		Vertical ridges		Weight gain	
Oily		Split easily			
Dry		Soft			
Dandruff					

SKIN		FEMALE REPRO		TRAUMA	
Dry		Abnormal pap smear		Physical abuse	
Oily		Adenomyosis		Sexual abuse	
Rough		Amenorrhea (absent period)		Verbal abuse	
Itching		Anovulation		Broken bones	
Acne		Break thru bleeding		Head trauma	
Psoriasis		Breast lumps (benign)		Accidents	
Eczema		Contraceptive Pill		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		Genital Ulcers		Anxiety	
Nightmares		Genital warts/ HPV		Panic attacks	
Snoring		Genito-urinary infections		Mood swings	
Sweating		Gynecological cancer		Irritability	
Wake up hungry		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		Cigarettes	
Post exercise fatigue		Pain on intercourse		e-Cigarettes	
Malaise		Painful periods		Passive smoke	
		PCOS		Damp in home/work	
MUSCULOSKELETAL		Pelvic Inflammatory disease (PID)		Recreational drugs	
Cramps		PMS		Alcohol	
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	
Back pain				Processed/deli meats	
Shoulder/neck pain				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	

