DIET DIARY			PAIN/ENERGY	
DAY 1			SCALE OF 1-10	
			BEFORE EATING	AFTER EATING
BREAKFAST		smoothie with banana, coconut water, vegan macro mike protein, chia seeds	PAIN	felt nauseous
			ENERGY 2	
SNACK		4 ritz crackers + cheese + watermelon		
LUNCH		tuna rice soy sauce + sriracha kimchi	felt nauseous	
SNACK				
DINNER		zucchini, brocolli, mushrooms, marinated tofu, soy sauce, ginger garlic bone broth mirin	→ one / two hours later tummy rumbling, burning tummy felt like I needed to go to the toilet but couldn't kinda dizzy	
SNACK				

DAY				
BREAKFAST		oats with protein & strawberries → only ate half because I felt really sick		
SNACK		vegan gummy bears vegan protein bar		
LUNCH		same vegies as last night	straight after felt hungry hour later felt super exhausted	
SNACK		sweet & sour popcorn		
DINNER		salmon with broccolini and rocket and parmesan salad		
SNACK		two squares of dark chocolate + vegan protein ball	→ felt pretty full but guilty	

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

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

DENTAL		EXERCISE		YOUR BIRTH	
Fillings	X	Rarely		Normal birth	
Root Canal		Often	Y	Tongs / Suction Cap	
Abscess		Daily		C-section	
Tooth decay		Walking	Y	Vaccinated	
Tooth erosion		Running		Jaundice	
Tooth sensitivity/ aches	Y	Swimming		Other issues	
Gum disease		Pilates			
Bleeding gums with floss		Yoga			
Bad breath		Gym	Y		
Ulcers/ mouth sores	X	Other			
Braces/ Plates					
Clenching	Y				
Grinding	Y				
Sore neck upon waking	Y				
Bite marks inside cheek	Y				
Sore jaw	Y				
Snoring					
Sleep apnea					

ADDITIONAL INFO

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

sore muscles / joints
wrists feel very weak, feet feel sore

ALEXANDRA MIDDLETON
NATUROPATHIC NUTRITIONIST

CREDIT CARD AUTHORISATION FORM

I (Please print). Anna Goryunova authorise Alexandra Middleton (Naturopathic Nutritionist) to charge my credit card as required due to mitigating circumstance that prevent normal payment on the day of my consultation; for any prescriptions (nutritional supplements and others) or assessments sent to me; or for any outstanding missed appointment fee as stated in the initial welcome email.

Credit Card Type (Visa/ Mastercard/ Amex)	Visa
Name on Card	Anna Goryunova
Credit Card Number	4239 5300 7155 6576
CVV (3 digit security number on back or 4 digit number on the front of an Amex)	364
Expiry Date	04/24
Signature of Card holder	
Date	17/03/2022
Full Name	Anna Goryunova

By signing you agree to the terms in this form, and confirm that the information you have provided is true and correct.

Thank you

Alexandra Middleton Pty Ltd
6 Edwards Bay Rd
Mosman NSW 2088
ABN 63198254158
ATMS No. 26826

ALEXANDRA MIDDLETON
NATUROPATHIC NUTRITIONIST

PATIENT MOTIVATION PROFILE – FEMALE

Date 17/03

Name Anna Goryunova D.O.B 27/11/1998

Address 8/9 Darley Rd Manly

Phone No 0410 848 887 Email goryunova.annie@gmail.com

Occupation *(current &/or previous)* Sales consultant at VW

Who do you live with? two roomates (couple)

Referred by found on google

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

N/A

Current health goals and/or concerns

1. lose weight, find a balance
2. fix feeling sick - nauseous, dizzy, sore muscles/joints
3. fix fatigue

Please list any other pre-diagnosed health conditions

N/A

Current allergies *(food, environmental, medication, etc)*

N/A

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)*

avoid meat, milk, dairy for the most part
eat seafood, vegies, tofu, rice, tuna,

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

magnesium, zinc
4 for muscle pain

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.

depression / anxiety / eating disorder in highschool
2013 – 2017