



ALEXANDRA MIDDLETON

NATUROPATHIC NUTRITIONIST

PATIENT MOTIVATION PROFILE - FEMALE

Date 11-05-2022

Name KRITIKA GUPTA

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Occupation (current &/or previous) VOLUNTEER WORKER

Who do you live with? SPOUSE

Referred by JANE LYTTLETON

Other specialists being seen

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

GP - STATION STREET MEDICAL PRACTICE CHATSWOOD
(DR. RADHA) PH: 02-94117916

Current health goals and/or concerns

1. ALOPECIA

2. FERTILITY

3. THYROID MANAGEMENT

Please list any other pre-diagnosed health conditions

HYPO-THYROIDISM

Current allergies (food, environmental, medication, etc)

NONE

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)

VEGETARIAN FOOD (BUT NO EGGS OR FISH; HAVE DAIRY PRODUCTS)
WATER INTAKE IS LOW (6-8 GLASSES OF WATER) (TAP WATER)

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

DROKINE - 50 MCG (ONCE DAILY)

ELEVIT - ONCE DAILY

VIT-D - 1000 IU - 2 DAILY

HAIR SKIN NAILS + - SWISSE - ONE DAILY

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 HAS HYPO-THYROIDISM

FATHER SUFFERS FROM HIGH SUGAR LEVELS AND
BLOOD PRESSURE

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.

PLEASE SEE ATTACHED WORKSHEET

APART FROM THYROID, NO OTHER DISEASE

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	X	Shortness of breath		Hyperthyroidism	
Diarrhea		Asthma		Hypothyroidism	Y
Bloating	X	Regular cough		Adrenal dysfunction	
Flatulence		Sinus/nasal congestion		Diabetes I	
Indigestion	X	Post-nasal drip		Diabetes II	
Acid reflux/ heartburn		Hay fever		Weight loss	X
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	X	Brain fog		Frequent nose bleeds	
Laxative use		ADD/ ADHD			
Haemorrhoids	X	Learning difficulties		URINARY/ KIDNEY	
		Pins/needles		Kidney infection	
CARDIOVASCULAR		Headaches		Kidney pain	
High blood pressure		Migraines		Frequent urination	X
Low blood pressure	Y	Tinnitus		Dark urine	
Metabolic syndrome				White froth in urine	
High cholesterol		IMMUNE		Get up for toilet during the night	X
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	Y	HIV			
Cold feet	Y	Thrush/candida		LIVER/ GALLBLADDER	
Cold hands	Y	Swollen glands		Hepatitis	
Dizziness		Cold sores		Fatty liver disease	
Varicose veins		Styes		Issue digesting fat	
				Sticky/mushy stool	X
HAIR		NAILS		Gallbladder removal	
Increased loss	Y	Brittle		Poor alcohol tolerance	
Poor quality	Y	Vertical ridges		Weight gain	
Oily	Y	Split easily			
Dry	Y	Soft			
Dandruff	X				

SKIN		FEMALE REPRO		TRAUMA	
Dry	Y	Abnormal pap smear		Physical abuse	
Oily	Y	Adenomyosis		Sexual abuse	
Rough		Amenorrhea (absent period)		Verbal abuse	
Itching		Anovulation		Broken bones	
Acne	Y	Break thru bleeding		Head trauma	
Psoriasis		Breast lumps (benign)		Accidents	
Eczema		Contraceptive Pill		Divorce	
Dermatitis		Cystitis		Death of loved one	X
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	X
Wake up hungry		Infertility	Y	Chronic stress	
Wake up tired	X	Irregular periods		Anger	X
		IUD/Mirena		Cranky skipping meals	89 X
ENERGY		Low libido		Looping/ OCD	
Good energy		Malformed womb		Phobias	
Poor energy	X	Miscarriage	X		
Need caffeine regularly		Ovarian Cysts		TOXIN EXPOSURE	
Energised at night	X	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	X	PMS		Alcohol	
Pins/needles	X	Smelly discharge		Chlorine pools	
Injury		Tender breasts	X	Garden pesticides	
Arthritis		Vaginal burning/Irritation		Fluoridated toothpaste	Y
Osteoporosis/Osteopenia		Vaginal thrush		Tap water	Y
Disc issues		Vaginitis		Non-organic meat	
Back pain				Processed/deli meats	
Shoulder/neck pain				Antibiotics	X
Joint pain/ stiffness				Amalgam fillings	
				Non-organic skin care	
				Non-organic make up	Y
				Mainstream deodorants	X
				Regular vaccinations	Y
				Glues/fume/chemical/ gas exposure at work	

