

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

ADDITIONAL INFO

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

I had C-Section for my daughter.

SKIN		FEMALE REPRO		TRAUMA	
Dry		Abnormal pap smear		Physical abuse	
Oily		Adenomyosis		Sexual abuse	
Rough		Amenorrhea (absent period)		Verbal abuse	
Itching		Anovulation		Broken bones	X
Acne		Break thru bleeding		Head trauma	
Psoriasis		Breast lumps (benign)	X	Accidents	
Eczema		Contraceptive Pill		Divorce	
Dermatitis	X	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	Y	Genital Herpes		Depression	
Vivid dreams		Genital Ulcers		Anxiety	X
Nightmares		Genital warts/ HPV		Panic attacks	X
Snoring		Genito-urinary infections		Mood swings	
Sweating		Gynecological cancer		Irritability	
Wake up hungry	Y	Infertility		Chronic stress	
Wake up tired	Y	Irregular periods		Anger	
		IUD/Mirena		Cranky skipping meals	
ENERGY		Low libido		Looping/ OCD	
Good energy		Malformed womb		Phobias	
Poor energy	Y	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	

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

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)

regularly eat chicken + Fish once a week beef once a fortnight. Eat a lot of vegetables.

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

D, Zinc and pregnancy multi Vitamin

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)

Father has Factor V Leiden on blood thinners also uses only 50% of heart Valve.

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.



ALEXANDRA MIDDLETON
NATUROPATHIC NUTRITIONIST

PATIENT MOTIVATION PROFILE - FEMALE

Date 12/01/22
Name Elena Domenici D.O.B 10.04.1981
Address 14 Woodvale AVE North Epping 2121
Phone No 0711446214 Email e-domenici@hotmail.com
Occupation (current &/or previous) Business Analyst
Who do you live with? Daughter and husband
Referred by Bree

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. Keep good strong health in pregnancy and with Covid around.
2. _____
3. _____

Please list any other pre-diagnosed health conditions

I have Factor V Leiden



Mon Monday

Scale 1-10
Before eating After

Tuesday

BK Fast	Toast Vegemite	3	8	BK Fast	Cereal	2	7
Snack	Nuts	4	9	Snack	crackers - Hummus.	3	9
Lunch	Beetroot Salad. with Tuna	3	9	Lunch	Vegetables egg + rice	3	9
Snack	Apple	5	9	Snack	Mango.	3	9
Dinner	Chicken Mushroom + leek Pie + Vege.	3	9	Dinner	Cabbage + lentil rolls + Capsicum grilled.	3	9
Snack	Popcorn	4	9	Snack	Yoghurt with banana.	2	8

Wednesday

B4

After

Thursday

B4

After

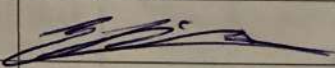
BK Fast	toast Vegemite	2	9	BK Fast	Yoghurt + mango + ^{honey} nuts	2	8
Snack	Apple.	2	9	Snack	grapes.	3	9
Lunch	Spinach + Feta roll	2	9	Lunch	Pasta + Pesto	3	9
snack	crackers. Hummus.	3	9	Snack	chips - crisps	2	8
Dinner	Beef vegetables. broccoli soup	2	9	Dinner	Chicken Soup.	3	9
snack	Banana.	2	9	snack	Popcorn	3	9



ALEXANDRA MIDDLETON
NATUROPATHIC NUTRITIONIST

CREDIT CARD AUTHORISATION FORM

I (Please print) Elena Domenici 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	Elena A Domenici
Credit Card Number	4564 6271 2426 9754
CVV (3 digit security number on back or 4 digit number on the front of an Amex)	346
Expiry Date	03/23
Signature of Card holder	
Date	12/01/22
Full Name	Elena Domenici

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