

PATIENT MOTIVATION PROFILE - FEMALE

Date 17/03
Name <u>Anna Gorganova</u> D.O.B <u>27/11/1998</u>
Address 8/9 Darley Rd /Vanly
Phone No 0410 848 887 Email goryanova annie agmail com
Occupation (current &/or previous) Sales Consultant at VW
Who do you live with? two roomates (couple)
Referred by found on sociale
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 sich - nauseous, dizzy sore muscles/joints
3. fix faitigne
Please list any other pre-diagnosed health conditions
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 an if it is filtered or tap) Avoid Meak Milk Clairy for the most part eat Sea food, vegies, to fue, vice, turna, Please list any medications and/or supplements you are currently taking, including the reason for taking them brand names and quantities/ dosages Magnessiam 2nc What Muscle fain 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 thyroine 30mg/daily which I continue to take; E.g. 2012 Endometriosis – laparoscopy, no treatment post-surgery. Appression 40 mich Continue disorder in highschio						200		
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degression / anxiety / eating disorder in highscha	condition	ronologically list 'diagnosis and ti	reatment (incl	luding surgerie	s if applicable)		g the approxin	nate date,
2013 — 2017	condition E.g. 2001 F	ronologically list diagnosis and to pothyroidism – pre	reatment (incl scribed thyroxii	luding surgerie ne 30mg/daily	s if applicable) which I continu		J the approxin	nate date,
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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	У	Shortness of breath	Y	Hyperthyroidism	
Diarrhea	У	Asthma	Asthma Hypothyroidism		
Bloating	Ý	Regular cough		Adrenal dysfunction	
Flatulence	Ä	Sinus/nasal congestion		Diabetes I	
Indigestion	7	Post-nasal drip		Diabetes II	
Acid reflux/ heartburn	X	Hay fever	X	Weight loss	Y
Worms/parasites	V	Allergies	À	Weight gain	Y
SIBO	/				T '
Polyps	1	NERVOUS		HAEMATOLOGY	
Bad breath	/	Adrenal fatigue	Y	Anemia (Iron)	
Mucous in stool	/	Chronic fatigue	Ÿ	Anemia (B12)	
Blood in stool	1	Poor memory	Ÿ	Haemochromatosis	
Food in stool	/	Poor concentration	1	Easily bruised	Y
Itchy anus	/	Brain fog	Y	Frequent nose bleeds	
Laxative use	SW X	ADD/ ADHD	Ý		
Haemmoroids	*	Learning difficulties	X	URINARY/ KIDNEY	1
		Pins/needles	Y	Kidney infection	
CARDIOVASCULAR		Headaches	Y	Kidney pain	7
High blood pressure		Migraines	Ä	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	У
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	×	LIVER/ GALLBLADDER	
Cold hands		Swollen glands Y Hepatitis		Hepatitis	
Dizziness	Y	Cold sores X Fatty liver disease			
Varicose veins	4	Styes	X	Issue digesting fat	
				Sticky/mushy stool	
HAIR		NAILS Gallbladder removal		Gallbladder removal	
Increased loss		Brittle Y Poor alcohol tolerance		Poor alcohol tolerance	
Poor quality		Vertical ridges Weight gain		Weight gain	Y
Oily	У	Split easily			
Dry	Y	Soft	1		
Dandruff	X				

SKIN		FEMALE REPRO		TRAUMA	
Dry	Y	Abnormal pap smear		Physical abuse	
Oily	Ý	Adenomyosis		Sexual abuse	
Rough		Amenorrhea (absent period)	X	Verbal abuse	
Itching	7	Anovulation	, ·	Broken bones	
Acne	y	Break thru bleeding		Head trauma	
Psoriasis	-	Breast lumps (benign)		Accidents	
Eczema	V	Contraceptive Pill		Divorce	
Dermatitis		Cystitis		Death of loved one	
Offensive odour		Ectopic pregnancy		Bankruptcy	
Poor wound healing		Endometriosis		Natural Disaster	
-		Fallopian tube issues	- 272	Other	
SLEEP QUALITY		Fibroids	1		
Issues falling asleep	V	Flooding		EMOTIONS	
Issues staying asleep	Ý	Genital Herpes		Depression	XY
Vivid dreams	1	Genital Ulcers		Anxiety	Y
Nightmares		Genital warts/ HPV		Panic attacks	X
Snoring		Genito-urinary infections		Mood swings	$\frac{1}{\sqrt{1}}$
Sweating	l'Y	Gynecological cancer		Irritability	V
Wake up hungry	X	Infertility		Chronic stress	4
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	7	Miscarriage			
Need caffeine regularly	Ý	Ovarian Cysts		TOXIN EXPOSURE	
Energised at night		Ovulation pain		Cigarettes	
Post exercise fatigue	У	Pain on intercourse		e-Cigarettes	
Malaise	1′	Painful periods		Passive smoke	
		PCOS		Damp in home/work	
MUSCULOSKELETAL		Pelvic Inflammatory disease (PID)		Recreational drugs	X
Cramps	Y	PMS	У	Alcohol	Ý
Pins/needles	У	Smelly discharge		Chlorine pools	
Injury	Ý	Tender breasts		Garden pesticides	
Arthritis	-	Vaginal burning/irritation		Fluoridated toothpaste	
Osteoporosis/Osteopenia		Vaginal thrush	X	Tap water	4
Disc issues	1	Vaginitis		Non-organic meat	
Back pain	Y			Processed/deli meats	
Shoulder/neck pain	Ÿ			Antibiotics	
Joint pain/ stiffness	Ý			Amalgam fillings	
				Non-organic skin care	N
		2		Non-organic make up	4
				Mainstream deodorants	Į,
				Regular vaccinations	/
				Glues/fume/chemical/ gas exposure at work	

DENTAL		EXERCISE		YOUR BIRTH
Fillings	Х	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	4	
Ulcers/ mouth sores	X	Other	'	
Braces/ Plates				
Clenching	Y			
Grinding	14			
Sore neck upon waking	Y			
Bite marks inside cheek	Y			
Sore jaw	Y			
Snoring				
Sleep apnea				

ADDITIONAL INFO

Please list any other relevant	information yo	ou would like to disclose b	elow
	muscles	12 :	
500	muscles	1 01115	

	SUI MINS	763 / 1	,		
	wrists +	reel very	weak feet	feel sore	
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<u> </u>					
-	500				
		19	33.43.40	¥	
-					

DIET DIARY		PAIN/E	NERGY	
DAY /		SCALE	OF 1-10	
DAT /		BEFORE EATING	AFTER EATING	
BREAKFAST	smoothie with banana cocount water regan macro mine protein, chica seeds	PAIN	felt nauseou	LS.
		ENERGY 2		
SNACK	4 vitz crackurs + cheese			
0101010				
LUNCH	tuna rice soy sauce t siracha kinchi	feit na	us cois	
SNACK				
DINNER	marinated tofu, say sauce, ginge garic bone broth mirin	Jone tumi tumi neede	hy sumb	ing burning tike I to the coudant
SNACK		Ĺ	inda di	iry

DAY	
BREAKFAST	outs with protein & strawberries -> only ate hulf because I felt really sch
SNACK	Vegan gummy bears Vegan protein bar
LUNCH	same regies as last night straight after felt hunging hour later felt sup exhausted
SNACK	sweet & sour popuors
DINNER	Salmon with broldlini and rocket and parmesan salad
SNACK	the squares of dark - feit putty full chocolate & vegan protein but guilty bull