

NATUROPATHIC NUTRITIONIST

PATIENT MOTIVATION PROFILE - FEMALE

Date 4.5.32
Name JAN BENSON-SATTOUT D.O.B 28.4.62
Address 38 McMILLIAN CCT NORTH KELLTVILLE
Phone No 0407 431 048 Email JBen 600 1@ big pond net al
Occupation (current &/or previous) LAWYER RETIRED
Who do you live with? HUSBAND
Referred by
Other specialists being seen (e.g. GP, gynaecologist, endocrinologist, natural therapist, Chinese herbalist, etc - please list names and contact details) LANE LYTTLETON - 9332 1677 (HERBAL PRESCRIPTION I tag x 2 down Dr Sandanayake - NSPH 94397575 (GASTRO) & ARROGANT PIG
Current health goals and/or concerns 1. WHAT MY WEIGHT SHOULD ACTUALLY BE FOR MY HEIGHT. 4'11 9/8
2. AN ONCOING EATING PLAN TO MAINTAIN IT. & KEEP
MY LIVER AS UNINFLAMED AS POSSIBLE
3. IVE PROBABLY AVERAGED BETWEEN 53-55 Kg OVER THE PAST 20 YEARS.
Please list any other pre-diagnosed health conditions
HISTORY OF ANAL BLEEDS - LIKEY FISSURES (NEVER ACTUALLY SEEN)
LAST COLONOSCOPY - SMALL POLYP REMOVED
(FIRST ONE EVER FOUND)

Current allergies (food, environmental, medication, etc)	
SULPHUR DRUCS; PENICILLIN	
TETRACYCLINE	
Current diet (please list food you regularly eat/ foods you avoid/ foods you do not like if it is filtered or tap)	
NO RED MEAT FOR 2 YEARS (NEVER A COLD CUTS / HAMS ETC. (I LOVED LOVE	STE FATTY MEAT EVER)
OLD CUTS [HAMS ETC. (I LOVED LOVE	ED MAM UP UNTIL ZYENS).
CAT ONLY CHICKEN & FISH (ONLY CR	ILLED)
DONT LIKE COCONUT OILS -TOO RICH LOVE AVOCADO & PROB ATE TOO Please list any medications and/or supplements you are currently taking, in brand names and quantities/ dosages	COULD NEVER DO PALEO!
DEDITION 100 mg daily	BICGEST DOWNFALL IS
VID VIT D WHEN I DREMEMBER	CARBS - PREDOMINATELY
OCCASIONAL MULTI	BREAD - SOUR POUCH
	I CAN LIVE WITHOUT RICE
	PASTA . BUT
	I LOVE HOT CHIPS & I
	MOURN NOT HAVING THEM
HEALTH HISTORY	ONCE A WEEK -
FAMILY HEALTH HISTORY	W 1160 12
Please list your family health history below, citing the condition and releva	ant family member
(please note also if they died from the illness)	interioring member
SISTER	62 LIVING
MOTHER DIED CORESTIVE MEART FAILURE	age 85
FATHER " LUNG CANCER (SMOKER)	age SS
SISTER (AUNT) BREAST CANCER	age 55
Please chronologically list your health history timeline from birth to now, c	siting 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.	
1982 ENDOMETRIOSIS - LAPAROSCOPY, 1	NO TREATMENT (AGE 20?)
TOG STOCK PINOSIS CALAROSCOP	NO TREATMENT (AGE 00.)
1997/8? MYPERTHYROIDISM - TOTAL REN	10/10/1
TITLE , MITTER THE ROLL SIN - 10 AL REP	MOVAL DROXINE 1000
2001? PROPHYLACTIC MASTECTOMY -	DENSE TISSUE (MY
, restrict the transfer of the	CHOICE)
1998 CAPSULITIS IN SHOULDER JOINT	
	3. L & THEN R
AFTER INJURY	

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	YX	Shortness of breath	×	Hyperthyroidism	X
Diarrhea		Asthma	X	Hypothyroidism	
Bloating	X	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	X	NERVOUS		HAEMATOLOGY	
Bad breath		Adrenal fatigue		Anemia (Iron)	
Mucous in stool		Chronic fatigue		Anemia (B12)	
Blood in stool	X	Poor memory	YX	Haemochromatosis	
Food in stool		Poor concentration	11/	Easily bruised	
Itchy anus		Brain fog		Frequent nose bleeds	
Laxative use		ADD/ ADHD			
Haemmoroids		Learning difficulties		URINARY/ KIDNEY	
		Pins/needles		Kidney infection	
CARDIOVASCULAR		Headaches		Kidney pain	
High blood pressure		Migraines		Frequent urination	
Low blood pressure	X	Tinnitus		Dark urine	
Metabolic syndrome				White froth in urine	
High cholesterol	Yx			Get up for toilet during the night	YX
Heart attack		Frequent colds/ flu/virus		Urinary Tract infection (UTI)	1/
Heart murmur 7		EBV/ Glandular fever		Cystitis	
Angina		Autoimmunity		Incontinence	
Arrhythmia		Cancer		Extreme thirst	
Poor circulation		HIV			
Cold feet		Thrush/candida		LIVER/ GALLBLADDER	
Cold hands		Swollen glands		Hepatitis	
Dizziness		Cold sores	X	Fatty liver disease	YX
Varicose veins		Styes		Issue digesting fat	
				Sticky/mushy stool	
HAIR NAII		NAILS		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)	X	Accidents	
Eczema	**	Contraceptive Pill		Divorce	
Dermatitis	YX	Cystitis		Death of loved one	
Offensive odour	1/	Ectopic pregnancy		Bankruptcy	
Poor wound healing		Endometriosis	X	Natural Disaster	
		Fallopian tube issues		Other	
SLEEP QUALITY		Fibroids			
Issues falling asleep	Y×	Flooding		EMOTIONS	
Issues staying asleep	YX	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		Infertility		Chronic stress	
Wake up tired	YX	Irregular periods		Anger	
	11/	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	YX	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	X
				Non-organic skin care	
				Non-organic make up	
				Mainstream deodorants	
				Regular vaccinations	
				Glues/fume/chemical/ gas exposure at work	

DENTAL		EXERCISE	, , , , , , , , , , , , , , , , , , , ,	YOUR BIRTH	
Fillings		Rarely		Normal birth	
Root Canal		Often	YX	Tongs / Suction Cap	
Abscess		Daily		C-section	
Tooth decay		Walking	X	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			
Braces/ Plates					
Clenching	X				
Grinding	×				
Sore neck upon waking					
Bite marks inside cheek	X				
Sore jaw	X				
Snoring					
Sleep apnea					

ADDITIONAL INFO

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