



# ALEXANDRA MIDDLETON

NATUROPATHIC NUTRITIONIST

## PATIENT MOTIVATION PROFILE – FEMALE

Date 3/17/21  
Name Jennifer Caspari D.O.B 3/30/1983  
Address 1111 Marcy Plaza Omaha, NE 68108 USA  
Phone No 8087787253 Email jenharsh@gmail.com  
Occupation (current &/or previous) Behavioral Medicine Professional  
Who do you live with? Husband, Craig  
Referred by Emily Sugars

Other specialists being seen

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

Naturopath (Emily Sugars); GYN Physician in Omaha, NE

Current health goals and/or concerns

1. I'd like to continue to work on healing my gut.
2. I'd like to decrease my allergies and chemical sensitivities.
3. I'd like to get rid of my endometriosis and stop taking birth control.

Please list any other pre-diagnosed health conditions

Multiple Chemical Sensitivities, gut health issues, endometriosis, cerebral cavernous malformation



Current allergies (food, environmental, medication, etc)

Examples include cecilor, most animals, pollens and grasses, most nuts, tomatoes, soy, synthetic chemicals bother me greatly, white beans, corn, gluten(?)

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)

I drink filtered water all day (probably around 8 large glasses), I largely eat gluten free grains, veggies, fruits, salads, potatoes, fake meats, and chick pea based chips. I avoid dairy, meat, gluten, most nuts, tomatoes, and soy. I eat mostly at home and try to avoid eating a lot of sodium. I avoid alcohol. I get a sinus infection or head cold if I drink any alcohol.

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

Emily Sugars mentioned that she will be providing you with my information in this area. In addition to the supplements prescribed by Emily, I take Lo Loesterin FE birth control to help my endometriosis.

## 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- chemical sensitivities

Father- diabetes, heart disease

Grandmother- chemical sensitivities

Grandfather- some heart disease and stroke

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.

hernia surgery, under 1 year of age, 1983

chronic ear infections as a child for many years, a lot of antibiotics

ovary removal, approximately 13 or 14 years of age

procedure to remove abnormal cells from cervix, around 20 years of age and again at 37(HPV)

cerebral cavernous malformation

- diagnosed in 30s

endometriosis

1/2 ovary removal/fibroid or dermoid cyst, cannot recall, approximately 34 year or age

infertility- IUI treatment , unsuccessful - around 34 years old

## 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

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

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

