

PATIENT MOTIVATION PROFILE – Address 26/ 1-7 Railway Avenue  
FEMALE Stanmore

Date

Name Kim O'Brien

D.O.B 30/01/1957

previous) Who do you live with? Ron

Phone No 0438000511 Referred by

Occupation (current &/or Other specialists being seen Daniel Deng  
Email kimpatriciaobrien@gmail.c

### Current health goals and/or concerns

- Digestion – blasto, high chlostrydia, low commensals, high strep
- Food poisoning when 18 then another time
- Osteoarthritis
- Blood - as in a "thickening condition" Kazia talked about.
- After she's had big stress she vomits

### Please list any other pre-diagnosed health conditions

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alexandramiddleton.com.au alexandramiddletonnutrition  
alexmnutrition

Current allergies (food, environmental, medication, etc)

### **Current diet**

*I eat everything except cauliflower, jerusalem artichoke, brussel sprouts and cabbage of every kind. I bloat on all of them. A glass of red wine most days - recommended by Daniel Deng and Kazia. Reverse Osmotic water.*

**Please list any medications and/or supplements you are currently taking, including the reason for taking them, brand names and quantities/ dosages** All the ones you put me on and all the ones for Covid.

## HEALTH HISTORY

### FAMILY HEALTH HISTORY

- Father - gastric ulcer, PTSD, died from dementia from drugs prescribed after a heart attack.
- Mother - osteoporosis, tonsillectomy, appendectomy, broken wrist

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.

### 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	X	Hyperthyroidism	
Diarrhea		Asthma		Hypothyroidism	
Bloating	X	Regular cough	X	Adrenal dysfunction	
Flatulence	X	Sinus/nasal congestion		Diabetes I	
Indigestion		Post-nasal drip		Diabetes II	
Acid reflux/ heartburn		Hay fever		Weight loss	
Worms/parasites	X	Allergies		Weight gain	
SIBO					
Polyps		NERVOUS		HAEMATOLOGY	
Bad breath		Adrenal fatigue	X	Anemia (Iron)	X
Mucous in stool		Chronic fatigue		Anemia (B12)	X
Blood in stool		Poor memory	X	Haemochromatosis	
Food in stool		Poor concentration		Easily bruised	1/2
Itchy anus		Brain fog	X	Frequent nose bleeds	
Laxative use	X	ADD/ ADHD			
Haemmoroids	X (rar	Learning difculties		URINARY/ KIDNEY	

	e)				
		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	X	IMMUNE		Get up for toilet during the night	X
Heart attack		Frequent colds/ flu/virus		Urinary Tract infection (UTI)	
Heart murmur		EBV/ Glandular fever	X	Cystitis	
Angina		Autoimmunity		Incontinence	
Arrhythmia		Cancer		Extreme thirst	
Poor circulation	1/2	HIV			
Cold feet		Thrush/candida		LIVER/ GALLBLADDER	
Cold hands		Swollen glands		Hepatitis	
Dizziness		Cold sores		Fatty liver disease	
Varicose veins		Styes		Issue digesting fat	
				Sticky/mushy stool	
HAIR		NAILS		Gallbladder removal	
Increased loss		Brittle	X	Poor alcohol tolerance	X
Poor quality		Vertical ridges	X	Weight gain	
Oily		Split easily	2 do		
Dry		Soft			
Dandruff					

SKIN		FEMALE REPRO		TRAUMA	
Dry		Abnormal pap smear		Physical abuse	X
Oily		Adenomyosis		Sexual abuse	
Rough		Amenorrhea (absent period)		Verbal abuse	
Itching		Anovulation		Broken bones	X
Acne		Break thru bleeding		Head trauma	X
Psoriasis		Breast lumps (benign)		Accidents	
Eczema		Contraceptive Pill		Divorce	X
Dermatitis		Cystitis		Death of loved one	X
Offensive odour		Ectopic pregnancy		Bankruptcy	
Poor wound healing		Endometriosis		Natural Disaster	
		Fallopian tube issues		Other: Violent guys and drug dealer living down stairs in previous apartment	
SLEEP QUALITY		Fibroids			
Issues falling asleep	X	Flooding		EMOTIONS	
Issues staying asleep	X	Genital Herpes		Depression	
Vivid dreams		Genital Ulcers		Anxiety	X
Nightmares		Genital warts/ HPV		Panic attacks	
Snoring		Genito-urinary infections		Mood swings	
Sweating		Gynecological cancer		Irritability	X
Wake up hungry		Infertility		Chronic stress	
Wake up tired	X	Irregular periods		Anger	X
		IUD/Mirena		Cranky skipping meals	X
ENERGY		Low libido	X	Looping/ OCD	Xgfg
Good energy		Malformed womb		Phobias	

Poor energy	X	Miscarriage		
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	1/2	PMS		Alcohol X
Pins/needles		Smelly discharge		Chlorine pools
Injury	X	Tender breasts		Garden pesticides
Arthritis	X	Vaginal burning/irritation		Fluoridated toothpaste X
Osteoporosis/Osteopenia	X	Vaginal thrush		Tap water
Disc issues		Vaginitis		Non-organic meat
Back pain				Processed/deli meats
Shoulder/neck pain				Antibiotics
Joint pain/ stiffness	X			Amalgam fillings
				Non-organic skin care
				Non-organic make up
				Mainstream deodorants
				Regular vaccinations
				Glues/fume/chemical/ gas exposure at work

DENTAL		EXERCISE		YOUR BIRTH	
Fillings	X	Rarely		Normal birth	
Root Canal	X	Often		Tongs / Suction Cap	

Abscess		Daily qi gong		C-section	
Tooth decay		Walking	X	Vaccinated	
Tooth erosion	X	Running		Jaundice	
Tooth sensitivity/ aches	X	Swimming		Other issues 3 weeks overdue and induced, Long birth - vagus nerve damaged in birth canal from pushing for 28 hours	
Gum disease	X	Pilates			
Bleeding gums with floss		Yoga			
Bad breath		Gym			
Ulcers/ mouth sores		Other			
Braces/ Plates					
Clenching	X				
Grinding					
Sore neck upon waking	X				
Bite marks inside cheek					
Sore jaw					
Snoring					
Sleep apnea					

### ADDITIONAL INFO

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