

Alexandra Middleton Adv Dip (Nut Med); BA (Media Comm)

Date: 13/9/22 Date of Birth: 16/8/85

Name: Bindiya Sangker Singh

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Occupation: Manager Prudential Assurance

Household Situation: Alone

Children: 0

Referred By: google

PRESENTING SYMPTOMS / PROBLEMS

Where, when, frequency, duration, history, associated symptoms, what was happening when they started?

- Anxiety/OCD/ lack of appetite started with pandemic, never before, seeing psychologist who will speak with me has been seeing her a year now
- Mould in second bedroom
- Sleep wakes up every hour but only very briefly
- Has lost 10kg in past 2 years
- Caffeine free
- Not eating breakfast, DF + GF cereal with almond unsweetened
- Life long intolerance to spicy food thinks its stress induced, gas
- From malaysia
- IBS, reflux, heartburn, diarrhea (only with spicy food)
- Hiatus Hernia (minor) advised to leave it
- Gluten and dairy intolerance
- Hair increased loss, oily, dandruff
- Skin acne, oily, history eczema
- Wakes up tired, also before bed used to 12.5 hrs day, quit last month
- Period regular, history of irregular, cycle length 28 days on average, severe dysmenorrhea, pads, 5 days, regular on heaviest day will go thru change twice
- Ovarian cysts, painful periods, not sexually active, doesn't want kids
- No PMS
- OCD also with pandemic, obsessive handwashing
- Fillings porcelain
- GP Dr Jacqui



- Craves sugar a lot
- CC about to expire

Past History – Vaccinations, childhough 0-10 years	ood illnesses, accio 10-20 years	dents etc. 20 onwards
Personal History:		
1990 – spicy food intolerance 1997 – GERD 2015 – ovarian cysts 2021 – iron deficiency anemia, vitamin I	D	
Family History:		
Father – brain tumor Mother – hypertension, migraines		
Family History – CVD, cancer, di	abetes, etc	
Sleep		
Energy Levels – scale of 1-10, slui	mps, moods?	
Generally good		
Water: 3 glasses a day		
Tea / Coffee / Cola:		
Allergies:		
Cravings:		
Aversions:		
Medications and supplements		



Diet - See Over: GIT / Digestion: Weight, appetite, breath, ulcers and cold sores, bleeding gums, nausea, reflux, gas, bloating, fatty foods, skipping meals? Bowels: Frequency, colour, constipation/diarrhoea, blood/mucus, laxatives, haemorrhoids, family history? **General Health:** Headaches/Migraines, dizziness/vertigo, tinnitus, hay fever /allergies. sinus/swollen glands, Colds/flu's per year, recovery, Asthma/SOB? Drug use? Smoking? **Urinary:** Thirst, nocturia, cystitis, incontinence, thrush, kidney infections? N/A Female Repro: Periods/Cycle, bleed/clots, PMS, sore breasts, bloating, moods, constipation/diarrhoea, Pap smears, infections, discharges, contraceptive method? Male Repro: Infections, hernias, swellings, impotence, libido? N/A Cardiovascular: Heart problems, blood pressure, chest pain, palpitations, varicose veins, easy bruising? Musculo-skeletal: Cramps, pain, pins and needles, weak/numb, arthritis? **Skin:** Acne, eczema, psoriasis, infections, itching? Lifestyle: Exercise, relaxation, job satisfaction? Emotions: Anxiety, depression, mood swings?

Physical Examination:



Height/weight Goal weight		
TREATMENT PLAN		
DIET	SUPPLEMENTS	HANDOUTS
FOLLOW UP		
1.		
2.		
3.		