

ENERGISED HEALTH @ Burleigh Heads Physio

PLEASE COMPLETE CAREFULLY



Name: Samantha Oddy Date: 18/10/2022
 Address: 3 Newstead St Burleigh Waters P/Code: 4220
 Phone (H): (Mob) 0426 700 481 (W): Sex: F
 Email: Samantha-skye@hotmail.com D.O.B: 14/05/1998 M/S/D: children #: 0
 Weight: 80kg Height: 164cm Occupation: Health Fund:
 Major Illnesses: PTSD, herpes, previously had depleted immune system
 Current Complaint: Bloating & Bruising, would like to try continue plan
 medications/supplements: Mirtazapine 7.5mg at night, Valaciclovir 500mg
 Current Complaint: twice daily when required (only at time of outbreak)
 airborne-energyfix & skin elixir. photo of supplements attached.
 Family History: also have depo injection as contraception

CIRCLE IF YOU EAT, USE OR DO: -

Addictions	<u>Alcohol</u>	<u>Cordial</u>	<u>Breakfast Cereal</u>	<u>Little Exercise</u>
Cigarettes	<u>Coke</u>	<u>Chocolate</u>	<u>Make up</u>	Drink little water
Recreational drugs	Coffee	Sugar	<u>Perfumes</u>	Drink filtered water
Crave Foods	Soft drink	artificial sugars	Exposure to chemicals	Use the Pill
Margarine	Milk	Lollies	Amalgam Fillings	Blood type: <u>?</u>
Deli meats	<u>Tea</u>	Frozen vegetables	Number of bowel movements / day: <u>1</u>	

Instructions: - Circle the score in the column that best suits your symptoms, in either Severity or Frequency.
 Column A = *Never* or rarely
 Column B = *Mild* or infrequent symptoms (Once per month or less)
 Column C = *Moderate* or frequent symptoms (weekly)
 Column D = *Severe* or highly frequent symptoms (more than 3 times weekly)
 Note: please circle zeros as well as numbers

1. Bones/ Joints	Neck ache	0	2	4	7	7. Digestion	Bloating after meals	0	2	5	10
	Back pain	0	2	4	7		Burping	0	2	5	10
	Spinal problems	0	2	4	7		Flaking or peeling nails	0	2	5	8
	Osteo/ Rheumatoid arthritis	0	2	4	7		Bad breath	0	2	5	8
	Bursitis or tendonitis	0	2	4	7		Upper abdominal pain	0	2	5	8
	Joint stiffness	0	2	4	7						
	Total.....										
2. Muscles	Tight back, neck muscles	0	2	4	7	8. Gastric	Past stomach ulcers	NO	YES (8)		
	Muscle cramps/ spasms	0	2	4	7		Stomach ulcer currently	NO	YES (10)		
	Ticklish	0	2	4	7		Use of antacids	0	3	7	10
	Poor flexibility	0	2	4	7		Heart burn	0	3	7	10
	Trembling/ twitching	0	2	4	7						
	Total.....										
3. Cardiac	Chest tightness on stress/exertion	0	2	5	10	9. Pancreas, D	Diarrhea / constipation	0	2	5	7
	Pain down left chest/ arm	0	2	5	10		Tiredness after meals	0	1	3	5
	Previous angina	NO	YES (10)				Smelly stools	0	2	5	7
	Known heart condition	NO	YES (15)				Indigestion / fullness	0	2	5	7
	High cholesterol / triglycerides	NO	YES (15)				Flatulence	0	2	5	7
	Heart/ circulatory medications	NO	YES (15)				Food allergies	0	3	5	8
	Total.....										
4 & 5. Circul.	Cold hands / feet	0	3	7	10	10. Large, I	Fungal / thrush infections	0	3	5	8
	Thickened or deformed toe nails	0	3	7	10		Bad taste in mouth on awakening	0	3	5	8
	Dizziness	0	3	7	10		Antibiotic use in past 12 months	NO	YES (10)		
	Feeling blushed	0	3	7	10		Lower abdominal bloating	0	3	5	8
	High blood pressure	0	7	15	20		Sore or bleeding gums	0	3	5	8
	Total.....										
6. Lungs	Asthma / wheezing	0	2	5	10	11. Liver	Hepatitis / jaundice	NO	YES (5)		
	Chronic cough	0	2	5	10		Headaches after eating	0	3	5	8
	Bronchitis	0	2	5	10		Yellowness in whites of eyes	0	3	7	10
	Difficulty breathing	0	2	5	10		Indigestion after fatty food	0	3	5	8
	Phlegmy	0	2	5	10		Fluid retention	0	2	4	7
	Total.....						High cholesterol / triglycerides	0	3	5	8
							Chemical / pollutant exposure	0	3	5	10

lived in london