



Nature Care College

NATUROPATHY NUTRITION HERBAL MEDICINE SYSTEMS CHECK

Date: _____

Client name: _____ **DOB:** _____

Student Name: _____

Supervisor Name: _____

If required you can use this form to record additional information about specific body systems and attach to the case taking form for your client.

GIT

(Weight loss / gain, appetite, breath, cold sores, bleeding gums, nausea, P? reflux, vomiting, burping, flatulence, bloating, any reaction to fatty foods and what happens if you miss a meal?)

Bowels

(How often, colour, float/sink, constipation/diarrhoea, blood/mucous, laxatives?)

Respiratory

(Headaches/migraines, dizziness/.vertigo, how many colds/flu per year and how long to recover? Do you smoke and how many? Marijuana/other recreational drugs? Swollen glands, hayfever, sinus, post nasal drip, nose bleeds, cough (when/colour/how long), S.O.B., asthma?)

Kidneys

(Thirst, nocturia, P++ on urination, bladder problems [cystitis, incontinence.] Reaction to loud/sudden noises?)

Female Reproductive System

(Menarche/Menopause, Cycle, No. of days bleeding, clots/spotting, PMS, sore breasts, bloating, constipation/diarrhoea, mood changes. Pap smears? Any cervical changes, wart viruses, discharges, thrush? Contraceptive method?) (Thirst, nocturia, P++ on urination, bladder problems [cystitis, incontinence.] Reaction to loud/sudden noises?)

Male Reproductive System

(Infections, lymph swelling, impotence, hernias?) (Thirst, nocturia, P++ on urination, bladder problems [cystitis, incontinence.] Reaction to loud/sudden noises?)

Cardio-vascular

(Any heart problems. Chest P++, palpitations, cold hands or feet, varicose veins?)

Musculo-skeletal

(Cramps, back P++, stiffness, parasthesia?)

Skin

(Acne, eczema, psoriasis, warts & healing?)