DETOX & SCREENING QUESTIONNAIRE

NAME: Tamera Morris
DATE: 3 1 / 0 8 / 5 6
What is your main health concern? weight and energy
When was the last time you felt well? 6 months ago
Did something trigger your change in health? pain in abdomen
GENERAL
Have you travelled outside of Australia in the last 6-12 months? If yes, where?
History of antibiotic use? No
Dental history Silver mercury fillings Root canal implants Gingivitis Bleeding gums
How many alcoholic drinks do you have in a week? ✓ None ☐ 1-3 ☐ 4-6 ☐ 7-10 ☐ >10
Do you currently smoke? No Yes, how many per day & years?
Caffeine intake - cups of tea/coffee per day? 1 2-4 2-4 >4
Do you use recreational drugs? Type: No
Are you sensitive to caffeinated drinks? No Yes
Do you have food reactions or sensitivities? No Yes, please describe:
Do you adversely Cheese Chocolate Red wine Caffeine Sulphite-containing food (eg. wine, dried fruit) react to: Onions Garlic Alcohol Bananas Preservatives (eg. Sodium benzoates)
Citrus foods Artificial sweetener Monosodium glutamate (MSG) Other:
ENVIRONMENTAL FACTORS
Which of the following strongly affect you? ☐ Perfume/fragrances ☐ Cigarette smoke ☐ Car exhaust fumes ☐ Other:
Are you exposed to? Mould Electromagnetic radiation (EMFs) Chemicals
Do you, or have you, lived or worked in a damp or mouldy environment? V No Yes
Do you have a history of significant exposure to harmful chemicals? Insecticides Herbicides Pesticides Heavy metals Organic solvents Other:
What chemicals do you use to clean your house? ✓ Bleach ✓ Antibacterial wipes ☐ Antiseptics ✓ Disinfectants
Do you dry clean your clothes frequently? V No Yes
Where do you live? ✓ Suburbs ☐ Country ☐ Near power lines ☐ On or near a main road ☐ On a train line ☐ Inner city ☐ Industrial area ☐ Under a flight path ☐ Near a mobile phone tower
What is your profession?



Rate each of the following symptoms from 0-4 (see below) relating to the last 7 days.

This questionnaire helps identify symptoms that may indicate the underlying causes of illness and helps you track your progress over time. If this is a follow-up questionnaire, please record the symptoms for the last 30 days.



DIGESTIVE TRACT	SCORE
Nausea and vomiting	0
Diarrhoea	1
Constipation	1
Bloated feeling	3
Belching or passing gas	3
Heartburn	1
Intestinal/stomach pain	1
TOTAL	10
EARS	
Itchy ears	0
Earaches, ear infections	0
Ringing in the ears, hearing loss	0
TOTAL	0
EMOTIONS	
Mood swings	0
Anxiety, fear, nervous	1
Anger, irritability or	1
aggression Depression	0
TOTAL	2
ENERGY/ACTIVITY	
Fatigue	1
Apathy	1
Hyperactivity	0
Restlessness	1
TOTAL	3
EYES	
Itchy or watery	0
Bags or dark circles under	0
eyes	0
Swollen or red eyelids	0
Blurred vision	
TOTAL	0
HEAD Headaches	1
Faintness	0
Dizziness	0
Insomnia	2
TOTAL	3
IOIAL	J

IOINT/MUSELES	SCORE
JOINT/MUSCLES	
Arthritis	1
Pain or aches in joints	1
Pain or aches in muscles	1
Stiffness or limitation of movement	1
Feeling of weakness or fatigue	1
TOTAL	5
LUNGS	
Asthma, bronchitis	0
Shortness of breath	0
Difficulty breathing	0
Mucous congestion	0
TOTAL	0
MIND	
Poor memory	2
Brain fog, poor	2
concentration	
Confusion, poor	0
comprehension	
Poor physical coordination	0
Difficulty making decisions	1
Stuttering and stammering	0
Slurred speech	0
Learning disabilities	0
TOTAL	5
MOUTH/THROAT	
Chronic coughing	0
Gagging, frequent need to clear throat	0
Sore throat, hoarseness of	0
voice, loss of voice	U
Swollen/discoloured tongue,	0
gums, lips	0
TOTAL	0
HEART	0
Irregular heartbeat	2
Rapid heartbeat	2
Chest pain	0
TOTAL	4

NOSE	SCORE
Stuffy nose	1
Sinus problems	1
Hay fever	0
Sneezing attacks	1
Excessive mucous formation	0
TOTAL	3
SKIN	
Acne	0
Hives, rash, dry skin	1
Hair loss	0
Flushing or hot flushes	0
Excessive sweating	0
TOTAL	1
WEIGHT	
Binge eating/drinking	2
Craving foods	2 2 1 0
Excessive weight gain	1
Acne	0
Compulsive eating	2
Water retention	1
Underweight	0
TOTAL	8
OTHER	
Frequent illness	0
Frequent or urgent urination	0
Genital itch or discharge	1
TOTAL	1
OVERALL SCORE =	45

KEY

Add individual scores and total each group. Add each sections total and give an overall score.

Optimal: <10 Mild Toxicity: 10-50 Moderate Toxicity: 50-100 Severe Toxicity: >100

n.1



08 9200 2777 www.wradi.com.au

PATIENT NAME: MS TAMERA MORRIS PATIENT ID: WR111276 PHONE: 0413406292 GENDER: Female PERFORMED: 24/04/2023 DOB: 31/08/1956
ADDRESS: 42 Avocet Island Quays WANNANUP WA 6210
MEDICARE #: 61734059582

REFERRED BY: Dr W TJHIN

REPORTED BY: DR MILTON VOUROS

CT ABDOMEN AND PELVIS (CONTRAST)

CLINICAL HISTORY:

Left flank tenderness. Previous right breast Ca 11 years ago.

FINDINGS:

Unremarkable lung bases. No pleural effusion.

The liver is normal in outline and attenuation allowing for a focus of hypodensity in the left lobe of the liver measuring 6mm. This is too small to be characterised on CT, but is most likely in keeping with a simple hepatic cyst. No intrahepatic biliary dilatation. The portal vein and portal mesenteric confluence as well as hepatic veins are patent. There is a single calcified calculus within the gallbladder, but no evidence of pericholecystic oedema or gallbladder wall thickening is seen to suggest cholecystitis. No CBD dilatation.

The pancreas shows mild fatty atrophy, but no focal pancreatic lesion is seen. No main pancreatic duct dilatation.

The spleen has normal appearances.

The kidneys and adrenals bilaterally are unremarkable without hydronephrosis or hydroureter and no renal tract calcification.

The ureters bilaterally are not distended.

The urinary bladder is almost completely empty and assessment cannot be performed. There is grossly unremarkable appearance of the uterus.

The small bowel has unremarkable appearances.

Scattered diverticula are seen within the sigmoid colon, but no gross mural lesion demonstrated in relation to the large bowel. Please note, however, that small lesions can be occult on CT.

Bone review reveals no suspicious sclerotic or lytic lesion and no vertebral body collapse. No bony injury demonstrated in the visualised skeleton.

COMMENT:

- Unremarkable examination without cause for patient's symptoms demonstrated.
- 2. Diverticular disease, but no evidence of diverticulitis or abscess.
- 3. Incidental cholelithiasis, but no cholecystitis.

Thank you for your referral.

Yours sincerely,

PAGE: 1 of 2

Western Radiology

08 9200 2777 www.wradi.com.au

PATIENT NAME: MS TAMERA MORRIS PATIENT ID: WR111276 PHONE: 0413406292 GENDER: Female PERFORMED: 24/04/2023

UTC

Dr Miltiadis Vouros

MBCHB MRCS FRCR

DOB: 31/08/1956
ADDRESS: 42 Avocet Island Quays WANNANUP WA 6210
MEDICARE #: 61734059582
REFERRED BY: Dr W TJHIN
REPORTED BY: DR MILTON VOUROS

PAGE: 2 of 2

Morris, Tamera

42 Avocet Island Quays WANNANUP 6210

Phone:

0413406292

Birthdate:

31/08/1956

Sex:

Medicare

Number:

6173 40595 8-

Your

2023D0002687

Lab Reference:

2023D0002687-1

Reference: Laboratory:

westnrad

Dr Benjamin

F

Addressee:

Egan

Referred by: Dr Benjamin Egan

Name of test: Renal US Requested

02/03/2023

Collected:

02/03/2023Reported:

03/03/2023

09:05:00

Radiology Western

To view images in Zed Link, please click here

Patient Name: Morris, Tamera Patient DOB: 31/08/1956 Date of service: 02/03/2023 WR Patient ID: WR111276

ULTRASOUND RENAL TRACT

CLINICAL HISTORY:

Left flank pain. Dull daily discomfort. No lower urinary tract symptoms. No hematuria

FINDINGS:

Both kidneys are normal in outline, size and renal cortical echotexture. The right kidney measures 111mm and the left kidney measures 119mm. No hydronephrosis or hydroureter.

The urinary bladder has grossly normal sonographic morphology and a volume of 165cc. There is a post-void residual of 15cc. Both ureteric jets are identified.

COMMENT:

Normal study without cause for left flank pain demonstrated. Please note that a small renal tract calculi may be occult on ultrasound and if clinical concern persists a CT KUB may be considered.

Thank you for your referral.

Yours sincerely,

Dr Miltiadis Vouros

MBCHB MRCS FRCR

Sonographer: RF

To view images in Zed Link, please click here

42 AVOCET ISLAND QUAYS, WANNANUP. 6210

Phone: 95342610
Birthdate: 31/08/1956 Sex: F Medicare Number: 61734059582

Your Reference: Lab Reference: E521003028
Laboratory: PathWest
Addressee: DR YULIA MUSCAT Referred by: DR YULIA MUSCAT

Name of Test: Full Blood Picture

Requested: 19/01/2023 Collected: 21/01/2023 Reported: 21/01/2023

14:21

FULL BLOOD PICTURE

Specimen: Blood Collected	: 21/01/2023 09:38		/2023 14:12
Test Name		Flag Ref-Range	Units
White cell count Haemoglobin Platelet count Red cell count Haematocrit Mean cell volume MCH MCHC RDW MPV	4.23 134 252 4.39 0.41 92 30.5 331 11.9	4.00 - 11.00 115 - 160 150 - 400 3.80 - 4.80 0.37 - 0.47 80 - 100 27.0 - 32.0 320 - 360 9.0 - 15.0 8 - 12	10*9/L g/L 10*9/L 10*12/L L/L fL pg g/L CV% fL
Absolute Cell Count Neutrophils Lymphocytes Monocytes Eosinophils Basophils Differential Neutrophils Lymphocytes	1.62 2.02 0.38 0.17 0.04	L 2.00 - 7.50 1.20 - 4.00 0.20 - 1.00 0.00 - 0.50 0.00 - 0.20	10*9/L 10*9/L
Monocytes	9.0		8
Eosinophils Basophils	4.0 0.9		90 90

Key for Lab Flag Column: L - Low, H - High, AB - Abnormal
 Key for Micro - ** Result modified after Final Status

42 AVOCET ISLAND QUAYS, WANNANUP. 6210

Phone: 95342610 Birthdate: 31/08/1956 Sex: F Medicare Number: 61734059582

Your Reference: Lab Reference: E521003028

Laboratory: PathWest

Addressee: DR YULIA MUSCAT Referred by: DR YULIA MUSCAT

Name of Test: Routine Biochemistry

Requested: 19/01/2023 Collected: 21/01/2023 Reported: 21/01/2023

16:06

ROUTINE BIOCHEMISTRY

Specimen: Plasma Collected: 21/01/2023 09:38 Received: 21/01/2023 14:13 Specimen: Serum Collected: 21/01/2023 09:38 Received: 21/01/2023 14:13 Test Name Result Flag Ref-Range Units

Electrolytes,	Urea and Creatinine		
Sodium	142	135 - 145	mmol/L
Potassium	4.6	3.5 - 5.2	mmol/L
Bicarbonate	25	22 - 32	mmol/L
Urea	4.6	3.0 - 8.0	mmol/L
Creatinine	62	45 - 90	umol/L
eGFR	>90	>60	mL/min/1.73m2
eGFR Comment	See below		

Estimated GFR (eGFR) by CKD-EPI algorithm uses creatinine, sex and patient age ONLY. eGFR is only applicable to patients with stable medical conditions, is inappropriate for drug dosing and does not apply to pregnant females, children, advanced age, extremes of weight or patients on dialysis.

Glucose Fasting Status Glucose	Fasting 6.5	Н	3.0 - 5.4	mmol/L
Liver Function Tests Total Protein	64		60 00	1-
	64		60 - 80	g/L
Albumin	4 4		35 - 50	g/L
Globulin	20	L	25 - 42	q/L
Bilirubin	9		<20	umol/L
ALT	22		<35	U/L
ALP	58		30 - 110	U/L
GGT	17		<40	U/L
Comment	See below			

Decreased calculated globulins may be seen with hypogammaglobulinaemia due to humoral immunodeficiency, medications such as glucocorticoids and rituximab, nephrotic syndrome, protein losing enteropathy, malnutrition and haematological malignancy. Suggest measure serum immunoglobulins.

Calcium Studies			
Calcium - Total	2.27	2.10 - 2.60	mmol/L
Calcium - Corrected	2.19	2.10 - 2.60	mmol/L
Magnesium	0.87	0.70 - 1.10	mmol/L

42 AVOCET ISLAND QUAYS, WANNANUP. 6210

Phone: 95342610

Birthdate: 31/08/1956 Sex: F Medicare Number: 61734059582

Your Reference: Lab Reference: E521003028

Laboratory: PathWest

Addressee: DR YULIA MUSCAT Referred by: DR YULIA MUSCAT

Name of Test: Lipids

Requested: 19/01/2023 Collected: 21/01/2023 Reported: 21/01/2023

16:08

LIPIDS

Specimen: Serum Collected: 21/01/2023 09:38 Received: 21/01/2023 14:13
Test Name Result Flag Ref-Range Units

Fasting Status Fasting Total Cholesterol 5.1 <=5.5 mmol/L Triglyceride 1.1 <=2.0 mmol/L HDL cholesterol 1.2 >=1.2 mmol/L LDL cholesterol 3.4 <=3.0 H mmol/L Non HDL cholesterol 3.9 <=4.0 See below

Pharmacotherapy for lipid lowering should aim towards the following targets while balancing the risks/benefits.

Total cholesterol <4.0 mmol/L
Triglyceride <2.0 mmol/L
HDL cholesterol >=1.0 mmol/L
LDL cholesterol <2.0 mmol/L
Non HDL cholesterol <2.5 mmol/L

[National Vascular Disease Prevention Alliance. Guidelines for the management of absolute cardiovascular disease risk. 2012]

Absolute cardiovascular risk assessment should be performed on all adults aged between 45-75 years without existing CVD or not already known to be at increased risk of CVD.

(A CVD risk calculator is provided at www.cvdcheck.org.au/)

Key for Lab Flag Column: L - Low, H - High, AB - Abnormal
 Key for Micro - ** Result modified after Final Status

42 AVOCET ISLAND QUAYS, WANNANUP. 6210

Phone: 95342610

Birthdate: 31/08/1956 Sex: F Medicare Number: 61734059582

Your Reference: Lab Reference: E521003028

Laboratory: PathWest

Addressee: DR YULIA MUSCAT Referred by: DR YULIA MUSCAT

Name of Test: Thyroid Function Tests

Requested: 19/01/2023 Collected: 21/01/2023 Reported: 21/01/2023

16:10

THYROID FUNCTION TESTS

Specimen: Serum Collected: 21/01/2023 09:38 Received: 21/01/2023 14:13

Test Name Result Flag Ref-Range Units

TSH 0.58 0.40 - 4.00 mU/L Free thyroxine 13 9 - 19 pmol/L

> Key for Lab Flag Column: L - Low, H - High, AB - Abnormal Key for Micro - ** Result modified after Final Status

TAMERA LYNN

42 AVOCET ISLAND QUAYS,

6210 WANNANUP.

Phone: 95342610 Birthdate: 31/08/1956

Sex: F Medicare Number:

61734059582

Your Reference:

Lab Reference: E521003028

Laboratory: PathWest

Addressee: DR YULIA MUSCAT

Referred by: DR YULIA MUSCAT

Name of Test: Calcium and Bone Markers

Requested: 19/01/2023 Collected: 21/01/2023

Reported: 21/01/2023

16:10

CALCIUM AND BONE MARKERS

Specimen: Serum Collected: 21/01/2023 09:38 Received: 21/01/2023 14:13

Test Name

Result

Flag Ref-Range

Vitamin D 25 OH

49

>50

nmol/L

Comment

See below

Vitamin D deficiency can occur with inadequate sunlight exposure, low dietary intake, malabsorption such as Coeliac disease, anticonvulsant therapy, liver disease or nephrotic syndrome.

Key for Lab Flag Column: L - Low, H - High, AB - Abnormal
 Key for Micro - ** Result modified after Final Status

42 AVOCET ISLAND QUAYS, WANNANUP. 6210

Phone: 95342610 Birthdate: 31/08/1956

Sex: F Medicare Number: 61734059582

Your Reference: Lab Reference: E521003028

Laboratory: PathWest

Addressee: DR YULIA MUSCAT

Referred by: DR YULIA MUSCAT

Name of Test: Diabetes Mellitus Testing

Requested: 19/01/2023 Collected: 21/01/2023 Reported: 23/01/2023

10:31

DIABETES MELLITUS TESTING

Specimen: Blood Collected: 21/01/2023 09:38 Received: 21/01/2023 16:42

Test Name

Result

Flag Ref-Range

Units

HbA1c (NGSP)

6.2

HbAlc (IFCC)

H <6.0 H <42 H

44

mmol/mol '

Comment

See below

Not consistent with diabetes mellitus.

Interpret HbAlc results with caution in the presence of

haemoglobinopathy, anaemia, iron deficiency or renal failure. The diagnostic utility of HbAlc has not been established in children or

Key for Lab Flag Column: L - Low, H - High, AB - Abnormal Key for Micro - ** Result modified after Final Status