2014. Health 38

ENERGISED HEALTH @ Burleigh Heads Physio

PLEASE COMPLETE CAREFULLY

Name Peter Andronicos Date: 21/5/22
Address 14 Dareth Ct Coomera P/Code 4209
Phone (H) (Mob) (W) Sex M
Email peter.andronicos@outlook.com D.O.B 25/8/1963 M/S/D children #:
Weight: Height: Occupation: Health Fund:
Major Illnesses
Current Complaint
medications/supplements:
Current Complaint:

FamilyHistory High Cholesterol - Heart Disease ...mothers side.

		CIRCLE IF YOU EAT, USE OR DO: -		
Addictions	Alcohol ✓	Cordial	Breakfast Cereal ✓	Little Exercise
Cigarettes	Coke	Chocolate	Make up	Drink little water
Recreational drugs	Coffee ✓	Sugar	Perfumes ✓	Drink filtered water ✓
Crave Foods ✓	Soft drink	artificial sugars ✓	Exposure to chemicals	Use the Pill
Margarine	Milk ✓	Lollies	Amalgam Fillings ✓	Blood type ?
Deli meats ✓	Tea	Frozen vegetables	Number of bowel movements / day 2 softer bread Solid - c	

Instructions: - Circle the score in the column that best suits your symptoms, in either Severity or Frequency.
Column **A** = ***Never*** or rarely — ***Note:*** please circle zeros as well as numbers
Column **B** = ***Mild*** or infrequent symptoms (0nce per month or less)
Column **C** = ***Moderate*** or frequent symptoms (weekly)
Column **D** = ***Severe*** or highly frequent symptoms (more than 3 times weekly)

1. Bones/ Joints

	A	B	C	D
Neck ache	0	2	4	7
Back pain	0	2	4	7
Spinal problems	0	2	4	7 ?
Osteo/ Rheumatoid arthritis	0	2	4	7
Bursitis or tendonitis	0	2	4	7
Joint stiffness	0	2	4	7 training related ✓ recent
Total				

2. Muscles

Tight back, neck muscles	0	2	4	7
Muscle cramps/ spasms	0	2	4	7
Ticklish	0	2	4	7
Poor flexibility	0	2	4	7
Trembling/ twitching	0	2	4	7
Total				

3. Cardiac

Chest tightness on stress/exertion	0	2	5	10
Pain down left chest/ arm	0	2	5	10
Previous angina	NO	YES	(10)	
Known heart condition	NO	YES	(15) ✓	
High cholesterol / triglycerides	NO	YES	(15) ✓	
Heart/ circulatory medications	NO	YES	(15) No.	
Total				

4 & 5. Circul.

Cold hands / feet	0	3	7	10
Thickened or deformed toe nails	0	3	7	10
Dizziness	0	3	7	10
Feeling blushed	0	3	7	10.
High blood pressure	0	7	15	20
Total				

6. Lungs

Asthma / wheezing	0	2	5	10 exercise induced in cold
Chronic cough	0	2	5	10
Bronchitis	0	2	5	10
Difficulty breathing	0	2	5	10
Phlegmy	0	2	5	10
Total				

7. Digestion

	A	B	C	D
Bloating after meals	0	2	5	10
Burping	0	2	5	10
Flaking or peeling nails	0	2	5	8
Bad breath	0	2	5	8
Upper abdominal pain	0	2	5	8
Total				

8. Gastric

Past stomach ulcers	NO	YES	(8)	
Stomach ulcer currently	NO	YES	(10)	occasional not recent
Use of antacids	0	3	7	10
Heart burn	0	3	7	10
Total				

9. Pancreas. D

Diarrhea / constipation	0	2	5	7
Tiredness after meals	0	1	3	5
Smelly stools	0	2	5	7
Indigestion / fullness	0	2	5	7
Flatulence	0	2	5	7 ?
Food allergies	0	3	5	8
Total				

Garlic onion

10. Large. I

Fungal / thrush infections	0	3	5	8
Bad taste in mouth on awakening	0	3	5	8
Antibiotic use in past 12 months	NO	YES	(10)	
Lower abdominal bloating	0	3	5	8
Sore or bleeding gums	0	3	5	8
Total				

perio

11. Liver

Hepatitis / jaundice	NO	YES	(5)	
Headaches after eating	0	3	5	8
Yellowness in whites of eyes	0	3	7	10
Indigestion after fatty food	0	3	5	8
Fluid retention	0	2	4	7
High cholesterol / triglycerides	0	3	5	8
Chemical / pollutant exposure	0	3	5	10
Total				

Fluid Hips Stomach

12.Low Immune

	A	B	C	D
Ear infections/ stuffed up ears	0	3	7	10
Long or frequent colds or/ flu	0	3	7	10
Swollen glands	0	3	7	10
Cold sores	0	3	7	10
Mucous in throat	0	3	7	10
Throat infections	0	3	7	10

***Total*.....**

13. Allergy

Hay fever / sinusitis	0	5	10	15
Eczema/ Psoriasis	0	3	7	10
Asthma/ bronchitis	0	3	7	10
Headaches	0	3	7	10
Food sensitivity/ allergy	0	3	7	10
Runny nose	0	3	7	10

***Total*.....**

14. Adrenals

Fatigue	0	2	5	7
Poor tolerance to stress	0	2	5	7
Salt cravings	0	2	5	7
Low exercise energy	0	2	5	7
Drink coffee to feel up	0	3	7	10
Dizzy upon standing	0	2	5	7
Rapid mood swings	0	2	5	7

***Total*.....**

15. Thyroid

Feel cold often	0	3	7	10
Irregular menstruation	0	1	3	5
Fertility problems	NO	YES	(8)	
Depression / apathetic	0	1	3	5
Bulging eyes	0	2	5	10
Low sex drive	0	1	3	5
Thick peeling nails	0	3	5	8
Puffy wrinkly skin	0	3	5	8

***Total*.....**

16.Blood sugars

Crave sweets	0	3	5	8
Leg ulcers	0	3	5	8
Headache relieved by food	0	3	5	8
Tired or sleepy after lunch	0	3	7	10
Morning dull headaches	0	3	5	8

***Total*.....**

17.Kidneys

Strong body odour	0	3	7	10
Difficulty holding urine	0	3	7	10
Poor urine stream	0	3	7	10
Cloudy urine	0	3	7	10
Urinary infections	0	3	7	10

***Total*.....**

18.Pre Menstrual

Anxiety/ irritable before period	0	3	7	10
Pain/ cramping	0	3	7	10
Cravings for sugar/ chocolate/ salt	0	3	7	10
Dizziness/ fatigue	0	3	7	10
Depression/ crying	0	3	7	10
Breast tenderness	0	3	7	10
Fluid retention	0	3	7	10

***Total*.....**

19.Fertility

Irregular/ delayed periods	0	3	7	10
Miscarriages	NO	YES	(10)	
Venereal diseases	NO	YES	(10)	
Endometriosis	NO	YES	(10)	
Polycystic ovaries	NO	YES	(10)	

***Total*.....**

20. Periods

Fatigue with periods	0	3	7	10
Heavy blood flow/ clots	0	3	7	10
Nausea with periods	0	3	7	10
Abdominal pain or cramping	0	3	7	10
Headache/ migraine with period	0	3	7	10

***Total*.....**

21.Oestrogen/progest

Ovarian cysts. Fibroids	NO	YES	(10)	
Breast lumps/ congestion	0	3	7	10
Heavy blood flow	0	3	7	10
Period of more than 5days	NO	YES	(10)	
Long total cycle (over 30 days)	0	3	7	10
Scanty blood flow	0	3	7	10
Irritable /irrational/mood swings	0	3	7	10
Hirsuitness (E.g. facial hair)	0	3	7	10

***Total*.....**

23.Males

Difficulty urinating/post drip	0	3	7	10
Venereal diseases (STD'S)	NO	YES	(10)	
Pain in testicular area	0	3	7	10
Erectile difficulties	0	3	7	10

***Total*.....**

24. Nerves

Trembling hands	0	3	7	10
Uncoordinated	0	3	7	10
Stressed	0	3	7	10
Tummy knots	0	3	7	10
Nervous/ anxiety	0	3	7	10

***Total*.....**

25.NE

Stroke	NO	YES	(15)	
Alzheimer's disease	NO	YES	(15)	
Nerve/ motor disorders	NO	YES	(15)	

***Total*.....**

26. Pain

Chronic pain	0	8	12	18
Headaches/ migraine	0	8	12	18
Back pain	0	8	12	18
Medication dependant for pain	0	5	10	15

***Total*.....**

27.Emotions

Medications for depression etc	NO	YES	(15)	
Depressive	0	3	7	10
Panic attacks	0	3	7	10
Mood swings	0	3	7	10
Irritable/ irrational/ vague	0	3	7	10

***Total*.....**

28. Sleep

Can't fall asleep	0	1	5	7
Restless uneasy sleep	0	1	5	7
Intense dreams	0	1	3	5
Exhausted after sleep	0	1	3	5

***Total*.....**

OFFICE POLICY - In the interests of all patients, if you are unable to attend this office at the time of your appointment, 24 hours notice is required so that others may utilise this time, otherwise a **non cancellation fee will be applied**. Consultation and supplement fees are required to be paid at the time of your appointment. Prior arrangements may be accepted however outstanding fees will incur an accounting fee. I also agree to receive newsletters sent at the discretion of the clinic…

I declare that the above information I have given is true and correct and I agree to abide by the Office Policy.

Signed.....

Testosterone.

From: **narelle marjanovic** mnarelle77@hotmail.com
Subject: Re: Andronicos, Peter - Recent Blood Tests
Date: 18 May 2022 at 10:23 pm
To: leesa webb leesa@miamimassage.com.au
Cc: Peter andronicos peterandronicos@outlook.com

Hi Leesa,

Please see Peters food diary and list of questions and concerns.

3 eggs Gluten free bread.

B complex.
eggs omega
probiotic
lipids.

PETER FOOD DIARY:

Day 1:
Chicken open club from zarraffa's
Coffee lactose free milk
Chicken, avo, soft tortilla shell, lettuce, mayo x2
Steak with mushroom , brocollini , potatoes, bacon
Mojitos x2
5x 600ml water

Day 2:
3 x weetbix , sugar and milk
Berroca
Lite n easy steak and prawn dinner meal
Dirty chai lactose free milk
Steak 400g with broccolini, carrot, sweet potato, cauliflower
5 x 600ml water

Regular foods also consists of lots of protein, eggs, chicken, eye fillet, yoghurt

Go to snack food is seaweed chips, crackers or bbq shapes

QUESTIONS/CONCERNS:

- High cholesterol
- Low testosterone
- Check blood test results
- Bloating
- Gurgling
- Uncomfortable stomach
- Fluid in hip region
- Issue with trying to lose weight

Regards,

Narelle Marjanovic
P: 0431 588 838

> On 18 May 2022, at 6:38 pm, leesa webb <leesa@miamimassage.com.au> wrote:
>
> Thank I will look at these tomorrow hopefully wait for me to have time to go through these before you book if that is ok
>
> **Please email any supplements or current medications with you through to me – photo of label plus ingredients is helpful! This is in order avoid any potential contraindications with any medications both over the counter and prescribed by your doctor.**
>
> **Please complete a diet diary over at least 2-day period though up to 7 is helpful, record everything you eat and drink – including how much water, alcohol, coffee etc. you consume (please prepare this prior to your appointment)**
>
> **Please prepare a list of questions you wish to cover to ensure nothing is overlooked**
>
> **If you have had recent blood tests at your GP please obtain a copy and bring to appointment- (I have these thank you!)**
>
> **(When you fill out the brief intake form from my appointments system there is a tests section where tests copies can be uploaded straight to your file if you choose!)**