



Naturopathy Intake #51715



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Actions ▼



CIC: 588360



Last Date Edited: 02/03/22

Last Edited by: Gabrielle Harris



Status: Approved by Supervisor



Consultation Date: 20/10/21

Consultation Time: 08:53



Student Practitioner: Amy Phillips

Student Observer: Anna Crisafio



Supervisor: Lisa McDonald

Approved/Rejected by: Gabrielle Harris

Are you pregnant or trying to conceive? No

Weeks:

For the purpose of determining suitable treatment:

Is the inclusion of alcohol (ethanol) in your treatment / prescription permissible?

Yes

Is the inclusion of animal products in your treatment / prescription permissible? Yes

Health Priorities/Presenting Complaint: What are the main things that the client wants to work on? (Location, Onset, Provocation/Palliation, Quality, Radiations, Severity, Timing, Understanding, History of Complaint)

Priority	Health Priorities	System
1	Abdominal pain with waves of nausea	Digestive



Location	Abdominal pain - lower quadrants both sides Nausea - stomach
Onset	January this year started - general stress from lockdowns & cousin passing away, stressful flatmate (may), work changes
Provocation/Palliation	Nausea < thinking about food, sorse at lunch, heavy foods, Cramping > iberogast
Quality	Abdo pain - feels like period pain is about to happen, inflamed, constant & can be strong, mild cramping Nausea - instense waves, watery taste
Radiations	
Severity	Abdo pain - 3-4/10 - distracting & foggy head Nausea - 4-5 waves in an episode
Timing	3rd time this year - eating avocado takes 6 hours & next day - shows symptoms Following day is nausea - 6 hours after waking
Understanding	Believes its from avocado 2x this year - unripe avocado symptoms like dairy intolerance Lots of green smoothies - spinach/kale
History of Complaint	Glutes & lower back pain long walks
Review of Relevant Systems	
Digestive	<p>Appetite - great - bigger portion at end of day - 3 hours after waking Portion & choice - avoiding heavy & dense meals - sit there and not do any Slight reflux/burping in evening when exercising on floor - only this week Not common to burping Hormonal bloating/cramping Sensitive to smells - heightened smell - investigated Dairy will cause bloating, cramping - steers clear lactase tablets Flatulence - more common recently - eating more licorice - sweet tooth - rotten egg smells Avo - 1 day diarrohea & then constipated BM - 1 x day - usually because date & banana in smoothie & coffee - might not go every day type 4 BSC and with episode - 6 or 7 - drop to a 3 the following day Brown at the moment - diarrohea more clay colour Can be slightly green tinge with green smoothie Seeds linseeds in stools, corn sometimes Feels completely evacuated No blood or mucuous</p>



Immune	Hayfever - since moving to Melbourne 6.5 years - seasonal (spring/autumn) - 2/10 Sinus infection - 3 years ago - penicillin (allergy) & 2 x in the past no antibiotics needed Keratosis - on arms Rash under arms from time to time - sweat/heat cause possible Sensitive to mozzies bites No autoimmune conditions No cold sores Flu symptom - 1 x this year - few days
Neurological	Stress & tension - headaches Jaw clenching - causing headaches Shift work - stress - 2/10 Aware of underlying stress - always gets help Dealing with others stress - must do daily walk No diagnosed anxiety or depression Anxiety - tension headache - felt like AF - relationship breakdown Self-diagnosed depression - age 29/30 years old - relationship breakdown Changes prior to moving to new property - controlling relationship LEft ear - deafness
Endocrine - Reproductive	Thyroid nodules - grown larger over the years - no cancerous cells Bloods - 3 x in last 3 years - doctor says fine Yasmin - OCP - 18 years old - contraception Since 30's period is shorter (3-4 day bleed) - pain is more intense, darker blood & bright red & then dark red/brown Day late - last period HX Period pain & skin issues (arms) * mild acne Normal pain - 1 day of the week, diarrhoea, tender breast, increased in size & weight 27yr old Monthly cycle, bleed lasted 6days Mentruation started - 14 years
Musculoskeletal	Massive walks - back flare up - legs & feet numbness
<div> Medications, Supplements and Herbal Medicines </div>	
<p>NOTE: Refer to the Client Registration form for medication, supplements and herbal medicine details. Ensure that you review the list, add any missing details and qualify for completeness and accuracy.</p>	
Current Pathology Results/Recent Results	
Pathology Information:	
Current Medication	Yasmin - OCP
Date of Last Medical Check Up	
Last Medical Check Up Info	
Allergies or Intolerances	



▼ Personal Medical History major or recurring conditions)

Birth - 5 years

6 - 11 years

12 - 17 years

Adulthood

Overseas travel
(List location & date)

▼ Family History

Paternal

Father:
Hihg blood pressure

GF: Heart surgery - valve replacement
Prostate cancer
GM: Stroke - passed away
Diabetes

Maternal

Mother:
Rhumatoid arthriits
Endometriosis
Thyroidectomy
HBP Deafness

GF: Prostate cancer
Depressiion
GM: Fat cell cancer - thigh - metastasized
Breast cancer, bowel & bladder cancer

Siblings

Uncles, aunts, cousins: Aunt - parkinsons Aunt - genetic disorder - thinning hair, loosing teeth (ear curls over) - they don't thrive - not sure what it is

Uncles, aunts, cousins: Aunt - thyroidectomy about to Brother - nodules Deafness

Others:

▼ Lifestyle Factors

Physical Activity Type, Duration, Frequency, Incidental
Good

Energy Levels Hrs, quality, quantity, waking times etc
Would like more energy 7/10 (10 is good)



Sleep Type, Duration, Frequency, Incidental

5 hours on night duty Sleep through most nights Dreams - being in a familiar place - work & people - unrelated reality Needs more Goes to bed sleep

Social and Lifestyle Factors Relationships, occupation, chemical exposure, moods (x/10), hobbies, interests

Drug Use

Tobacco – cigs/day:	How long have you been a smoker?
Recreational drugs (Type and frequency):	

▼ Dietary Analysis - Please record brands, portions and frequency

	Monday - Friday	Weekends
Breakfast Time:	Smoothie & oats Almond milk, peanut butter, 1 date, coconut flakes, hemp seeds, banana, spinach, blueberries, plant based powder (pre-biotic) And coffee if after workout - before 3pm	
Lunch Time:	salmon 1 x week Chicken in cauliflower crumb Veggies (zucchini, broccoli, pumpkin, sweet potato) Doesn't like salad	
Dinner Time:	Red meat 1 x week steamed pack of mixed veggies Rice or pasta Bread - soy & linseed	
Snacks Time:		
Beverages Time Beverages (Water, Coffee, Tea, Soft drinks, Juices, Alcohol):	1 x coffee 1 L water - exercise or not - not thirsty with nausea - like room temp - work stops from drinking - September N95 masks 2 x herbal teas - licorice & peppermint & chamomile Alcohol - 2-4 drinks a month - wine or vodka	
Eating Out (Frequency, Cuisine of choice):		
Food Cravings or Aversions?:	Aversions - heavy foods	





▼ Bio Impedance Analysis

Body Fat	Body Muscle
Total Body Fat: %	Total Muscle Mass: %
Right Arm Body Fat: %	Right Arm Muscle Mass: %
Left Arm Body Fat: %	Left Arm Muscle Mass: %
Trunk Body Fat: %	Trunk Muscle Mass: %
Right Leg Body Fat: %	Right Leg Muscle Mass: %
Left Leg Body Fat: %	Left Leg Muscle Mass: %
Physique Rating:	
Basal Metabolic Rate (kCal/ kJ)	
Bone mass (kg)	
H ₂ O Total Body Water Weight (%)	
Metabolic Age (yrs)	
Visceral Fat Rating	

▼ Dietary and Lifestyle Review

▼ Iridology

Colour:	Fibre:
Constitution:	
Iris Registration:	
Sclera:	Pupil:
	

✓ Anthropometric and Physical Examination

BP	Pulse bpm	Temp °C	Resp. Rate	Weight kg	Height cm	BMI kg/m ²

Respiratory (wheezing, crackles):



Health Priorities:



Referral/Investigations:

Barriers:

Strategies:

ATTACHED PRESCRIPTIONS

ID

Date

Script Number

Intended Outcome

▼ Liquid Herbs/Nutraceuticals Prescription

Prescription # ()

Quantity

Description

Dosage & Recommendations

▼ Herbal Medicine Actions

Actions of Herbs

▼ Second Herbal, Cream, Compound, Flower Essence, Homeopathic, Tea and/or Other Recommendation

Product/Ingredients/Brand

Action/Reason

Qty/mls

Dosage

Informed Consent

Lifestyle and dietary advice has been provided to assist with achieving your health goal. If you feel any of the recommendations are causing adverse responses or reactions discontinue them and we will discuss modification of them at your next appointment. If you are especially concerned about any adverse response contact the Endeavour Wellness Clinic for guidance.

Herbal medicines have been prescribed as part of your treatment. As with any oral medication discontinue this prescription if you experience rashes, diarrhoea, digestive problems, allergic-type symptoms or any other adverse response that you feel may be connected with the prescription. Contact the Endeavour Wellness Clinic to notify us of this response.

Nutritional supplementation has been prescribed as a part of your treatment plan to address your health condition. If you experience any signs or symptoms that you feel may be associated with this prescription discontinue the medication and contact the Endeavour Wellness Clinic.

Flower Essences have been prescribed to help address the emotional aspect of your condition. If you experience any adverse response that you feel may be connected with the prescription discontinue the medication. If you are particularly concerned contact the Wellnation clinic for guidance.