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# Naturopathy Intake #50482

Actions **▼** 

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() CIC: 587663

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Last Date Edited: 06/10/21

Last Edited by: Amy Phillips

Status: Requires Supervisor Approval

Consultation Date: 06/10/21

Consultation Time: 12:46

Student Practitioner: Amy Phillips

Student Observer: Zoe Rosa

Supervisor: Lisa McDonald

Approved/Rejected by:

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?

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	Menstrual irregularities	Endocrine - Reproductive	































	Wellnation   Home Page
Location	
Onset	Been around for a long time around the cycle More noticeable/increased significantly a few months
Provocation/Palliation	> stress, lockdown, < exercise (working out), being kind to self (read, sitting still), just trying to cope with them
Quality	Extreme highs & lows in mood/emotions Generally very happpy (very excitable), withdrawal, not speak, teary (doesn't like to show it)Thinking patterns become more destructive Period came really early - used to be really regular
Radiations	
Severity	9/10 - trying to deal with emotional rollercoaster
Timing	Highs - 1 week or a few days Lows - could be 1 week (has once been 2-3 weeks)
Understanding	
History of Complaint	Last year working 2 full time jobs - 4 years One job ended suddenly - had to hold back emotions, exhale
Review of Relevant Sys	tems

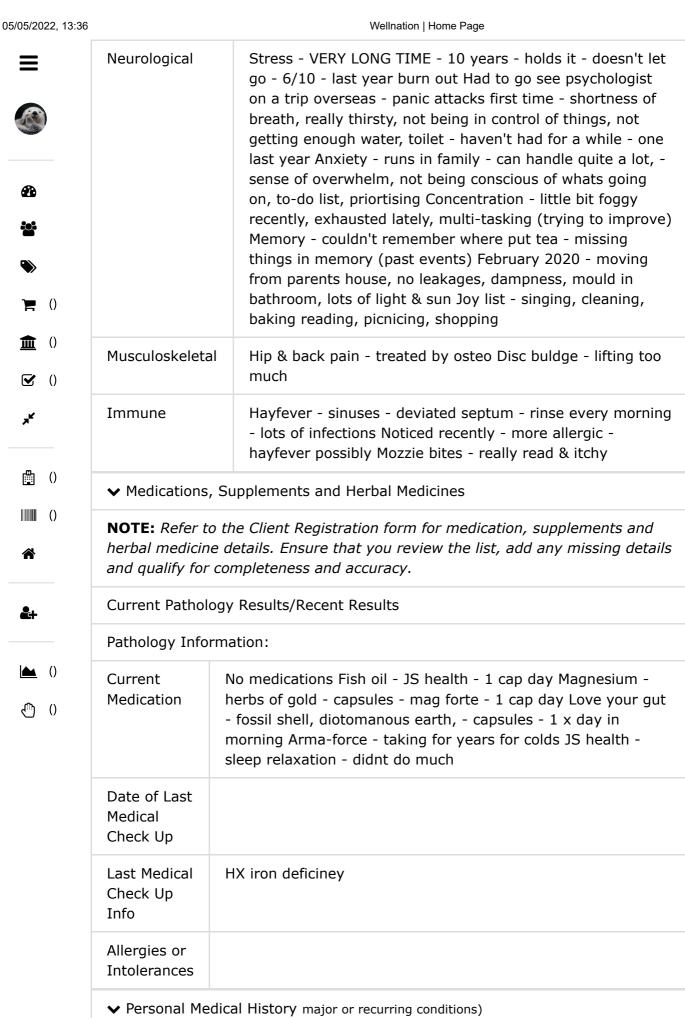
# Ceview of Relevant Systems

Endocrine -Reproductive

Menses started - 15-16 years old Cycle length - 25-28 days
length (22, 25,27) 6-7 days - bleed - very heavy first 1-2
days (pads - super 3 x day & night) 3-4 day medium bleed
(regular pads 2 x day) slows 5-6 days (regular - 1 x day)
Very red at beginner - last 2 days - dark brown Clots -
have had clotting 5c coin, once had 10c PMS - fluid
retention, left breast very sore 1.5 weeks before, feels
quiet big, acne (front & side chin), tired, depression mood
(sadness), feels down Papsmear - January a few years
STI/urinary tract - years ago Pain - lower abdominal - heat
pack & nurofen - 6-7/10 - 1st day - drained & really tired,
feel quite hot (few hours), cramping HX Pain so bad had to
throw up - pain so bad - early to mid 20's - 9/10 - tension
in feet

# Digestive

Appetitie - can be really hungry but eats a little & feels full - can get hangry - sometimes wakes hungry, some days (during holidays - can be slower) Dental work - braces, couple of fillings No nausea or abdominal pain Feels bloated around gluten/dairy (large amounts) 1 x BM a day or every second day - no blood, muscous, no undigested food - type 2-4/5 BSC Some days feels completely evacuated, doesn't always feel empty Antibiotics - Jan last year - for sinuses



# https://staff.wellnationclinics.com.au/#!/clients/87663/naturopathy intakes/50482

Birth - 5 years































6 - 11 years	
12 - 17 years	
Adulthood	
Overseas travel (List location & date)	

# **▼** Family History

Paternal		Maternal	Siblings	
Father: Anxiety	GF: prostate cancer - 90's GM: Breast cancer - 80's	Mother: Myeloma - 2 x - overcome - in remission	GF: Cancer - 70's GM: Breast cancer - late 50's	N/A
Uncles, aunts, cousins: Uncle - anxiety, ADHD, dyslexia		Uncles, aunts, cousins:		Others:

## **∨** Lifestyle Factors

## Physical Activity Type, Duration, Frequency, Incidental

## Energy Levels Hrs, quality, quantity, waking times etc

waking tired not above 7/10 Low point - mid morning & arvo - 4/10 Sometimes at school - kindy - 2/10 - last few years

#### **Sleep** Type, Duration, Frequency, Incidental

6-8 hours Often broken - 1-3 times waking - vivid dreams - colour - happy/scary/sad - 3 xtimes week going to bed 9-3.0 - asleep 10-10.30 waking 7.15 - 6.15

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:	Weetbix Rice bubbles With cows milk	
Lunch Time:	Leftovers Salad & chicken & dressing	
Dinner Time:	Hello Fresh Meat - all meats & veggies	
Snacks Time:	Yoghurt & banana - vanilla/berry - vaalia Rice cakes flavoured, chocolate milk Icecream - some nights	
Beverages Time Beverages (Water, Coffee, Tea, Soft drinks, Juices, Alcohol):	Tea - black tea - 3-4 cups (winter 6) - all throughout - with milk More into peppermint tea No coffee Alcohol - red wine, gin tonic (1 x week) 1L at the moment	
Eating Out (Frequency, Cuisine of choice):		
Food Cravings or Aversions?:	Chocolate - cravings Seafood - aversion	
→ Bio Impeda	ance 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: %

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# ▼ Anthropometric and Physical Examination

ВР	Pulse	Temp	Resp.	Weight	Height	BMI
	bpm	°C	Rate	kg	cm	kg/m²

Respiratory (wheezing, crackles):

Cardiovascular (rhythm):

Palpation (GIT, Lymph nodes, Endocrine):

Neuro/Reflex:

Skin (colouration, turgor):

Nails (ridges, spots, capillary return):





























Other Assessment e.g. Zinc Tally:

**▼** Review of Relevant Systems and Interaction Schematic

Timeline of Events

Year	Age	Event

 ✓ Assessment

Holistic Assessment

**Differential Diagnosis** 

Investigations required

Working Diagnosis

▼ Treatment Aims

# Short Term What are the most important areas of the case to address?

- Increase parasympathetic nervous system activation - Support progesterone production to improve mood & emotions - Regulate bowel motions to increase elimation & detoxification - Improve hormone metabolism - Improve sleep maintenance to increase energy levels Nevaton - 1 x twice a day MagTaur - 1/2 scoop each morning Fish oil - 2 x tabs Fibre - cruciferous veggies Water intake - 2L Reduce dairy & gluten - handout Sleep hygiene - handout - chamomile/peppermint tea Stress support - 70% dark chocolate - Black tea - stop 4pm - glass of water with black tea

# **Long Term**

Nevaton - 1 x twice a day MagTaur - 1/2 scoop each morning Fish oil - 2 x tabs Fibre - cruciferous veggies Water intake - 2L Reduce dairy & gluten - handout Sleep hygiene - handout - chamomile/peppermint tea Stress support - 70% dark chocolate - Black tea - stop 4pm - glass of water with black tea

▼ Treatment Plan (Nutrient, Dietary and Lifestyle Recommendation)

Treatment Plan # ()

Health Goals:	Diet:
Lifestyle:	Health Priorities:
Referral/Investigations:	Barriers:
Strategies:	

## ATTACHED PRESCRIPTIONS

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ID Date Script Number

#### **Intended Outcome**

➤ Liquid Herbs/Nutraceuticals Prescription

Prescription # ()

Quantity	Description	<b>Dosage &amp; Recommendations</b>
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 ✓ 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.