Coolum Naturopathic

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First Name: | Last Name: | Date of Birth: | Age:

Phone: | Email:

Address:

Occupation: | How Did You Hear About Us:

Doctor : | Health Fund:

Medical History: (Past Surgeries, Health Conditions)

Family Medical History: (Diabetes, Cardiovascular, Cancer &/or Other)

Main Reason for Your Visit:

Current Medications:

Current Supplements / Herbs / Natural Remedies: (Include Dose Per Day):

Known Allergies / Sensitivities / Intolerances:

A Sample of your Daily Diet (Your Honest Average Diet)

Breakfast:

Lunch:

Dinner:

Morning Tea:

Afternoon Tea:

Junk Food / Treats / Cravings:

Daily Water Intake:

Daily Coffee/s:

Daily Tea/s:

How Often do you Consume Alcohol? What Type of Alcohol and How Much?:

Section 1: Sleep / Energy Levels / Exercise

Approx Time you go to Sleep at Night:

Time of Waking in the Morning:

How Often do you Wake during the night and at what times do you usually Wake?

Do you have trouble going to sleep?

YES ☐ NO ☐

Do you Wake Feeling Refreshed?

YES ☐ NO ☐

Do you Snore?

YES ☐ NO ☐

Have you been Tested for Sleep Apnoea?

YES ☐ NO ☐

Please rate your energy levels on a scale of 1-10 -

1 being the worst you have felt and **10** being the best you have felt

On Waking Up: | at 10am: | between 2-3pm | at 5pm | at 8pm

How Often do you Exercise? | What type of Exercise? | How Long for?

Please go to the next page >

Section 2: Gastrointestinal Track

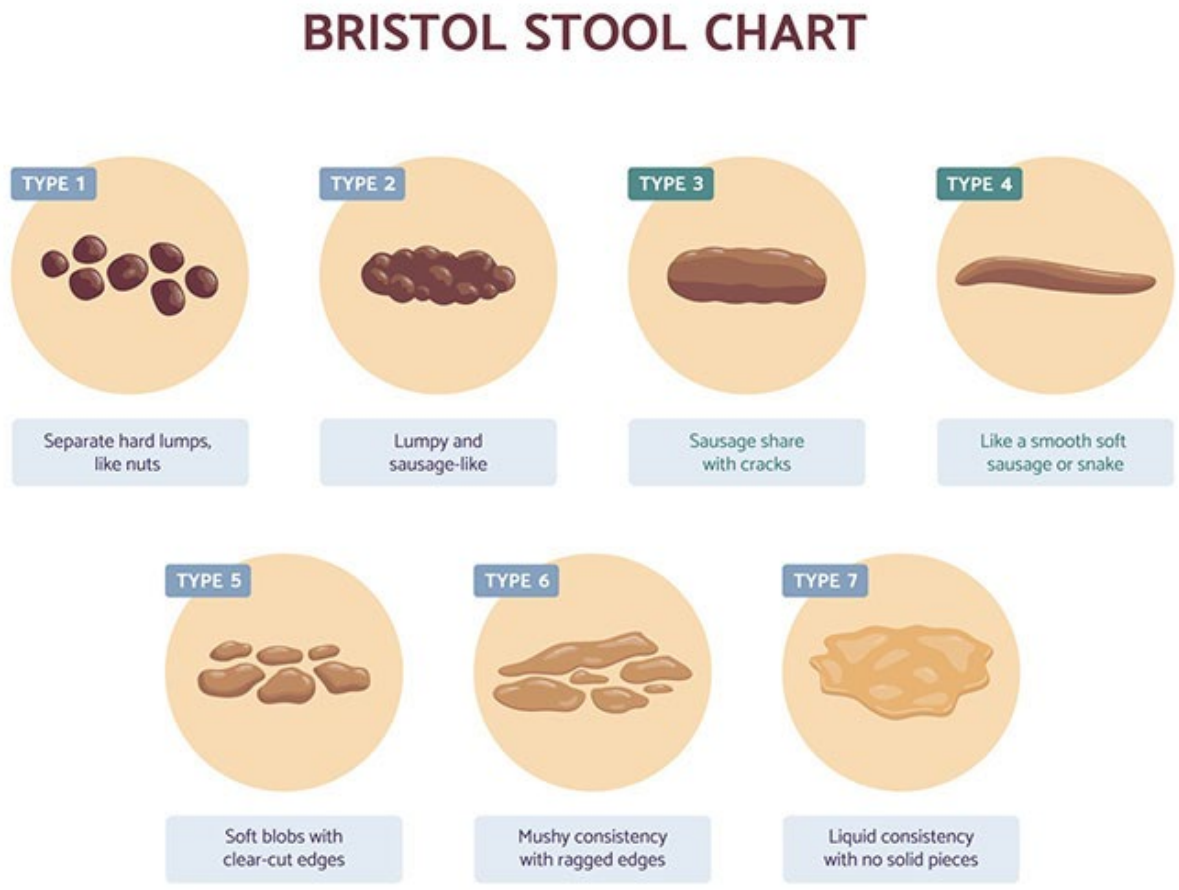
How often do you have a bowel motion?

Weekly ☐ Daily ☐ Several Times a Day ☐

What is the typical shape of your bowel motion? (See the Bristol Stool Chart Below)

TYPE:

Based on the chart below please enter the Type in the above box: e.g Type 3



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Tick the box which best describes your frequency or severity of your symptoms

	Never	Occasionally	Moderately / Weekly	Frequently/ Daily
Indigestion				
Excessive belching burping				
Bad Breath				
Loss of Appetite or Nausea				
History of anemia				
Stomach pain, burning or aching 1-4 hours after food				
Heartburn from spicy or fatty foods, citrus, alcohol, coffee				
Constipation				
Diarrhoea (loose watery frequent bowel motions)				
Black tarry stools				
Nausea and or vomiting				
Undigested foods in stool				
Certain foods worsen abdominal symptoms				
Lower abdominal pain, cramping and or spasms				
Lower abdominal pain, relieved by passing gas or stool				
Sensation of incomplete emptying of bowel				
Extremely narrow stools				
Red blood with bowel motions				
Upper abdominal pain under ribs				
Unexplained itchy skin				
Yellowish discolouration of skin, eyes or dark urine				
Red skin particularly on palms				

Please go to the next page >

Section 3: Endocrine and Nervous System

Tick the box which best describes your frequency or severity of your symptoms

	Never	Occasionally	Moderately / Weekly	Frequently/ Daily
Fatigue, sluggishness				
Feeling cold, or intolerance to cold				
Swelling or tightness to front of neck				
Dry skin and hair				
Puffy face hands and feet				
Gaining of weight of decreased appetite				
Difficulty concentrating, poor memory				
Feeling hot, intolerance to heat				
Weight loss with increased appetite				
Wired but tired				
Feeling irritable or oversensitive				
Feeling overwhelmed, unable to cope				
Need coffee, tea, nicotine, sugar, chocolate as a pick me up				
Fatigue easily				
Difficulty staying awake during the day				
Palpitation and or chest pain				
Nausea, Dizziness				
Sweating or feeling shaky				
Excessive thirst				
Excessive urination				
Irritability and agitated				
Mood swings				
Anger				
Depression				
Nervousness, anxiety				
Lack of motivation				
Intolerance of others				
Short tempered				
Pins and needles/ numbness in hands and feet or anywhere				

Section 4: Immune and Allergies

	Never	Occasionally	Moderately / Weekly	Frequently/ Daily
Cough				
Phlem/mucous				
Asthma				
Breathlessness				
Wheeze				
Frequently have colds or flu's				
Wounds slow to heal				
Inflamed bleeding gums or swollen red tongue				
Swelling in the lymph glands, neck, armpits, and groin.				
Sore throat				
Cold sores				
Ear infections				
Migraines				
Headaches				
Sensitivity to light				
Localised general itching eyes, ears, throat, nose, skin.				
Rashes, eczema.				
Sneezing.				

Section 5: Cardiovascular	Never	Occasionally	Moderately / Weekly	Frequently/ Daily
Excess fatigue				
Low exercise tolerance, shortness of breath with exertion				
History of high blood pressure				
Pain or heaviness in central chest				
Heartburn, pain or heavy crushing sensation that moves to neck or jaw or left shoulders or arm				
Shortness of breath lying flat in bed or sudden shortness of breath in the middle of the night				
Swelling in feet, ankles, legs				
Wheezing or dry cough				

Section 6: Bone and Muscles

	Never	Occasionally	Moderately / Weekly	Frequently/ Daily
Generalised bone tenderness or achiness				
Localised bone pain				
Low back or hip pain				
Recent loss of height				
Diagnosed with osteoporosis				
Unexplained bone fracture				
Muscle stiffness, tension				
Headaches				
Muscle cramps or spasms				
Muscle twitch or tremble				
Restless legs				

Hearing loss, headaches, ringing in ears

YES ☐ NO ☐

Section 7: Kidneys and Bladder

	Never	Occasionally	Moderately / Weekly	Frequently/ Daily
Fluid retention				
Excessive urination				
Burning with urination				
Urgency of urination				
Incontinence				
History of kidney stones				
Severe one-sided lower back or groin pain associated with restlessness				

Please go to the next page >

Section 8a: Women only (males skip to section 9)

Symptoms experienced 3-14 days prior to menstruation in the last 3 months.

	Never	Occasionally	Moderately / Weekly	Frequently/ Daily
Breast tenderness				
Feeling depressed teary or sensitive				
Feeling anxious, irritable, or easily angered				
Diarrhoea or constipation				
Headaches or migraines				
Food cravings or binge eating				
Fluid retention or weight gain				
Feeling aggressive or feeling suicidal				

Section 8b: Women only (males skip to section 9)

Long period cycles greater than 32 days

YES ☐ NO ☐

Short period cycles less than 24 days

YES ☐ NO ☐

	Never	Occasionally	Moderately / Weekly	Frequently/ Daily
Vaginal bleeding in between periods				
Pain with periods is worsening				
Passage of large or profuse blood clots				

Section 8c: Women only (males skip to section 9)

	Never	Occasionally	Moderately / Weekly	Frequently/ Daily
Dry skin, hair or vagina				
Low libido				
Mood swings, irritability, depression				
Hot flushes				
Night sweats				
Painful intercourse				
Insomnia				
Difficulty concentrating, poor memory				

Section 8d: Women only (males skip to section 9)

	Never	Occasionally	Moderately / Weekly	Frequently/ Daily
Vaginal discharge, excessive, smelly or coloured				
Milk production (not breast feeding) or engorged breast				
Acne				
Excessive facial hair				
History of PCOS				
Infertility				
History of Miscarriages				
Breast lumps				
Nipple discharge or change in appearance of nipples				

Section 9: Men only (Women skip to section 10)

	Never	Occasionally	Moderately / Weekly	Frequently/ Daily
Difficulty starting urine flow or poor flow of urine				
Sense of bladder fullness, incomplete emptying of bladder or needing to strain with small amounts of urine being passed				
Difficulty attaining or maintaining an erection				
Inflammation of penis, or unusual discharge from pain				
Painful testicles				
Testicles uneven in size, texture or hardness				
Development of breast or nipple tenderness				

Please go to the last page >

Section 10: Stress

In past 2 years have you experienced

Divorce

YES ☐ NO ☐

Separation from partner

YES ☐ NO ☐

Marriage

YES ☐ NO ☐

Death of close family member or friend

YES ☐ NO ☐

Loss of work, retirement or starting a new job

YES ☐ NO ☐

Bankruptcy or a major change in finance

YES ☐ NO ☐

Moving house or renovating

YES ☐ NO ☐

Major personal injury or illness

YES ☐ NO ☐

Violation of the law

YES ☐ NO ☐

Thank you for taking time to complete this questionnaire

Please scan and email the form back to info@coolumnaturopathic.com.au 48 hours prior to your consultation.

I Look forward to meeting you soon – Margaret Stattman N.D