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CONFIDENTIAL: Client Questionnaire for Initial Consultation Please complete and submit prior to your first consultation

This questionnaire gives your practitioner a clear picture of your case and you as a person. Once completed and submitted (see contact details below), you will be contacted to arrange a consultation. The fee structure is at the end of this document. **All information remains strictly confidential.**

Your details

Name ____

Date ___

Your present problem

1. List the nature of the complaint(s) that you have. Our job is to find the center of your case and prescribe accordingly. The core problem could be physical, emotional, mental or spiritual. They may not be medical problems, it may be absolutely anything that is affecting your quality of life (for example, sleeplessness, lack of energy, irritating thoughts, bad temper, pain and so on). Describe in your own words what you consider these to be in order of their importance to you.

| Have you received a medical diagnosis for these conditions? <i>Click to select</i> | □ Yes | |
|--|-------|----------------------------|
| | | |
| If yes, what was the diagnosis? _ | | |
| | | |
| | | |
| Are you presently receiving any treatment, or prescribed medications of any n | - | ceutical drugs, or natural |
| medicines/remedies), for these conditions? <i>Click to select</i> | 🗆 No | |
| If yes, what are you taking and what dosage(s)? | | |
| | | |
| | | |
| Have you received any treatment in the past for these conditions? Click to select | | |
| | | |
| If yes, what was the treatment? | | |
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AHM #21072497 | AusUnity #21074278 | HBF #B9700 BUPA #9956567H | ARHG, GMF, HIF, Police #AN08398N Medibank #0897121H | Grand United #21072880 | CBHS, HCF, IOOF, ManUn, MutCom, NIB, NRM, ResBk, SGIC, SGIO #8398 If you know how or when these problems started, please describe the circumstances and events leading to them. Do you have any suspicions as to what caused them? Do you feel the problem(s) is getting better or worse.? Did the problem(s) start gradually or suddenly? Does anything make it better or worse (e.g. weather, stress, diet, etc)?

2. Energy. Give a description of your energy in the day. Do you wake up tired, or get low spots through the day? If possible, describe what time(s) you experience this. Please give your energy levels a score out of 10 (e.g. 9/10 is very high energy, or 1/10 is very low energy). Do you feel heavy limbed, listless or fatigued at various times of the day?

3. Sleep. Describe your sleep patterns, again giving times for going to bed and waking. List any preferred sleep positions, body temperature in bed, dreams, nightmares, snoring, waking(s), trips to the toilet, etc. Do you wake with good energy or low energy?

4. Appetite. Would you generally say you have a good, or poor, appetite? Mention your hungriest time of day. Do you have any level of appetite on waking? List any likes, dislikes, and food allergies or sensitivities. List any foods you crave or are averse to?

5. Wind or indigestion. Give any details about burping and or gas in the system, frequency, when this occurs and odour. List any sensations you feel in the abdomen, stomach or throat.

6. Thirst. List drinks throughout the day, preferred drinks, whether you sip or gulp or drink normally and your thirstiest time of the day.

7. Bowels. Describe the function of your bowel habits. Is it regular each day? Any diarrhea or constipation, and when these occur. Any odour to the stool? Consistency? Pain? Bleeding?

8. Urine. What is the frequency, odour and colour? Any pain or bleeding? Additionally for men, please mention if you have any degree of erectile dysfunction.

9. For women. Menstrual cycle regularity, duration, flow description. Any clots, pain or cramps? Also PMS or other symptoms associated with the period i.e. headaches, constipation, tiredness, mood swings or libido function. Have you had any miscarriages, or terminations? Please mention the number of children you have, and what their births were like.

10. Back joints and extremities. Any aches and pains, what type of pain, where does it originate and/or extend to?

11. Body temperature. Are you a hot or cold person? Do you tend to wrap up, strip off, or regulate with the changes in temperature?

12. Emotionally. How would you describe yourself at the moment? Happy, sad, anxious, depressed, contented? Other?

13. Past history of your life and health. Please describe in your own words how you were born (if you know - otherwise, please speak to your mother, if possible, about this). If possible, describe your mother's health through her pregnancy with you, your delivery, and whether (and for how long) you were breast fed. History of illnesses as a child – physical, mental or emotional. Any childhood illnesses such as chickenpox, and your response –short /long duration, any medication given? It is helpful to draw a time line and mark your illnesses and problems along it at the various ages from birth to the present day.

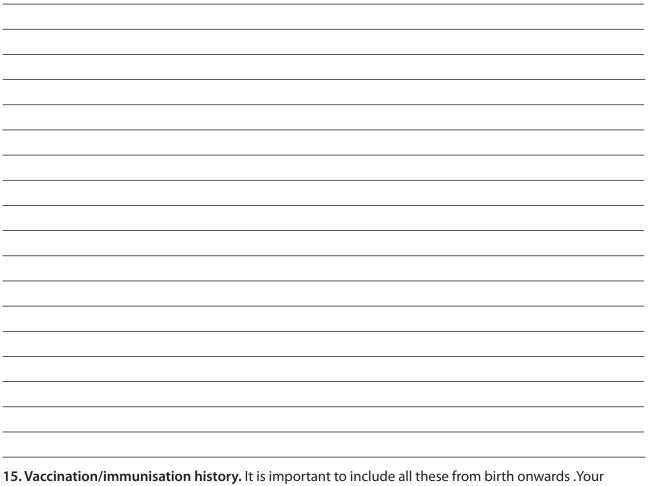
List any accidents or traumatic events that may have affected your health. Have you been hospitalised?

If you have recently traveled overseas, where did you go and for how long?

What do you think is the weakest aspect of your health?

Please mention any dental work, if any, and what type of fillings.

14. Family Health History. Include all blood relations as far back as you can go and as far sideways! Any illnesses are important to note, however trivial it seems to you. It is also helpful to know what blood relatives have died from. You may need to ask around, as families do not discuss these things as often as they did in the past.



15. Vaccination/immunisation history. It is important to include all these from birth onwards .Your GP should have records if you do not remember. Please remember to include any later vaccinations/ immunisations you may have had for travel, work, or from being in the armed forces. Note carefully any reactions to these, however slight.

Please return this completed questionnaire to the Pure Health and Wellness Clinic and you will be contacted to arrange an appointment. If you are completing electronically, please save to your computer before attaching to an email.

Fees

Initial consultation: \$100.00 includes GST

Follow up consultation: \$70.00 includes GST

Note: Natural medicines/remedies are not included in the cost of consultations.

Cancellation Policy: a fee of 50% of the consultation cost will be charged if less than 24 hours cancellation notice is provided.