Preparation for your initial naturopathic appointment

alkaline
DETOX DE-STRESS REJUVENATE

Name:_____

D.O.B: _____

Height: _____

Weight: _____

Occupation: _____

First appt. date: _____

1. What is the main reason you are coming to see a naturopath?

_____

_____

_____

_____

_____

2. Do you see other health professionals? Why?

_____

_____

_____

_____

3. Current medications, herbal or nutritional supplements, and why?

_____

_____

_____

_____

4. What have been your childhood illnesses?

_____

_____

_____

_____

5. Any known allergies or intolerances?

_____

_____

_____

_____

6. Any illness in your family medical history?

_____

_____

_____

_____

7a. Do you smoke regularly? Y/N
How many per day/week?_____
7b. Or take recreational drugs? Y/N

8a. Do you regularly drink more than 1 standard drink per night or binge drink? Y/N
8b. How many?_____

9. How many times do you eat junk food in a week?

_____

10. How often do you eat takeaway food? (daily, weekly, fortnightly, monthly)_____

11. How often do you exercise and for how long?

_____

_____

12. How much soft drink or cordial do you consume in a day/week?_____

13. Do you eat LESS than 6 serves of fruit and vegetables a day? Y/N

14a. Are you pregnant? Y/N
14b. Are you trying to get pregnant? Y/N

15. Are you stressed? If so what is the cause of your stress? _____

_____

_____

_____

16. How many hours sleep do you get most nights of the week? _____

17. How much caffeine do you consume in a day/week? _____

Rate each of the following symptoms based on your typical profile:
Scale: 0-5 (0 being never and 5 being severe/persistent)

Energy/ Activity
- Constant fatigue ___
- Poor sleeping patterns ___
- Waking fatigued ___
- Energy slumps during the day ___
- Feeling anxious or upset ___
- Mood swings ___

Mind
- Poor memory & concentration ___
- Not thinking clearly ___
- Anger & irritability ___
- Cravings due to fatigue ___

Muscle
- Pain or aches in joints ___
- Muscle fatigue ___
- Stiffness or limitation of Movement ___
- Pain or cramping in muscles ___
- Physical trauma/ accidents ___
- Osteoporosis ___

Blood Health
- Breathless when exercising ___
- Excessive bleeding or heavy period ___
- Do you eat meat? ___
- Blood pressure high/low ___
- Cold hands/cold feet ___
- Varicose veins ___
- Dizziness/fainting ___
- Swollen hands/feet/ankles ___
- Palpitations ___

Reproductive and Urinary
- Frequent urination day/night ___
- Recurrent UTI ___
- Prostate problems ___
- Kidney problems ___
- STDs ___
- Menopausal symptoms ___
- Irregular menstrual cycle ___
- Excessive bleeding ___
- PMT/ PMS ___
- Low libido ___

Skin
- Acne ___
- Hives or rashes ___
- Eczema/ dermatitis/ psoriasis ___
- Fungal infections ___
- Sensitivity to skincare products ___

Nerves
- Headaches or migraines ___
- Sciatic pain ___

Digestive System
- Nausea or vomiting ___
- Diarrhoea or loose stools ___
- Constipation ___
- Bloated feeling ___
- Belching, passing gas ___
- Heartburn ___
- Abdominal pain or cramping ___
- Undigested food particles in stool ___
- Haemorroids ___
- Mucous or blood in stools ___
- Loss of appetite ___

Weight
- Binge eating or drinking ___
- Craving certain foods ___
- Excessive weight changes ___

Eyes, Nose, Mouth & Throat
- Watery or itchy ___
- Swollen or red ___
- Difficulty breathing through nose ___
- Sinus problems ___
- Hay fever ___
- Excess mucous formation ___
- Chronic cough ___
- Frequent need to clear throat ___
- Swollen or coated tongue ___
- Cracks in the corner of mouth ___
- Frequent illness ___

Thank you for taking the time to fill out this questionnaire. Your answers will give your naturopath enough information to prepare for your consultation and begin working on your case before you even come in. Feel free to add any other information you consider relevant.

Please either:

Fax back to (02) 9332 2177

-OR-

Email to naturopath@alkalinemail.com.au