

Preparation for your initial naturopathic appointment



Please ensure you complete this form prior to your first naturopathic consultation at Alkaline.

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 _____
Haemorrhoids _____
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@alkaline.com.au**

Make sure you bring the hard copy with you to your appointment, just in case it gets lost in transit.

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