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| --- | --- |
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**Naturopathic Patient Intake Form**

|  |  |
| --- | --- |
| Full name |  |
| Date of birth |  |
| Current address |  |
| Mobile |  |
| Email |  |
| Occupation |  |
| Health Fund |  |
| Emergency contact |  |
| Marital status |  |
| Number of children and their age |  |
| Are you seeing any other practitioners?  Please list |  |
| Name and contact of your Medical doctor |  |
| Date of last medical check |  |
| Previously diagnosed conditions |  |

Do you experience any of the following? (P=past, C=current)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| P | C |  |  | P | C |  |
|  |  | Headaches |  |  |  | Anxiety/depression | |
|  |  | Migraines |  |  |  | Blood sugar problems | |
|  |  | Vision problems |  |  |  | Cholesterol problems | |
|  |  | Weight changes |  |  |  | Cold hands and feet | |
|  |  | Problem losing weight |  |  |  | Numbnes in extremies | |
|  |  | Fatigue |  |  |  | Easily bussing | |
|  |  | Ringing in the ears |  |  |  | Frequent colds and flues | |
|  |  | Difficulty concentrating |  |  |  | Hormonal problems | |
|  |  | Difficulty breathing |  |  |  | Skin problems | |
|  |  | Heart condition |  |  |  | Poor digestion | |
|  |  | Osteoporosis |  |  |  | Diarrhoea/ constipation | |
|  |  | High /low blood pressure |  |  | | Female only: | |
|  |  | Poor balance |  |  |  | Painful menstruation | |
|  |  | Poor muscle tone |  |  |  | Premenstrual mood swings/tension |
|  |  | Join pain or stiffness |  |  |  | Endometriosis/fibroids |

Today, I would like to focus on:

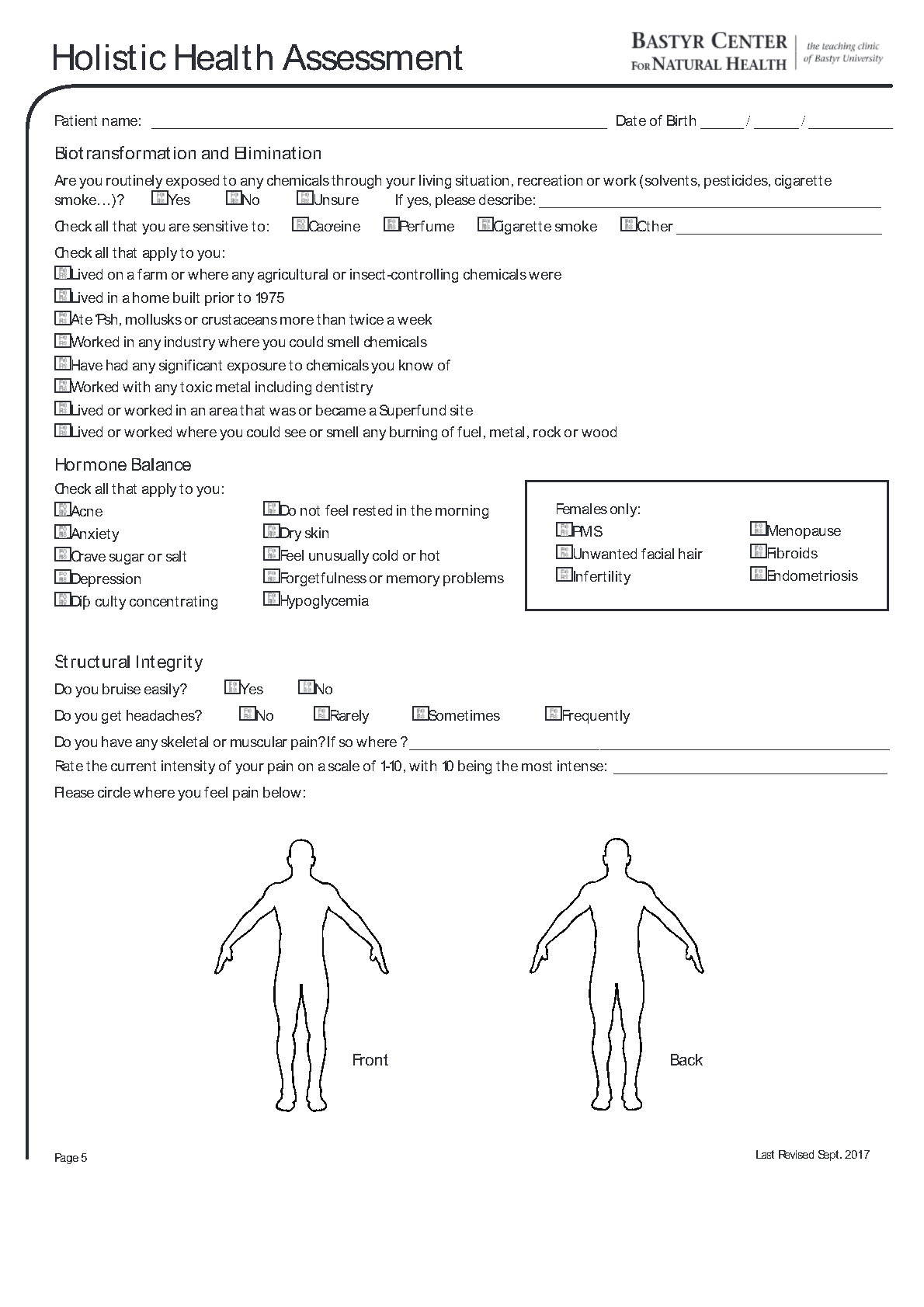
Please list what supplements (including herbs, vitamins, homeopathic) and prescribed medications you are currently taking:

|  |  |  |
| --- | --- | --- |
| Supplement/medication | Brand | Dosage |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
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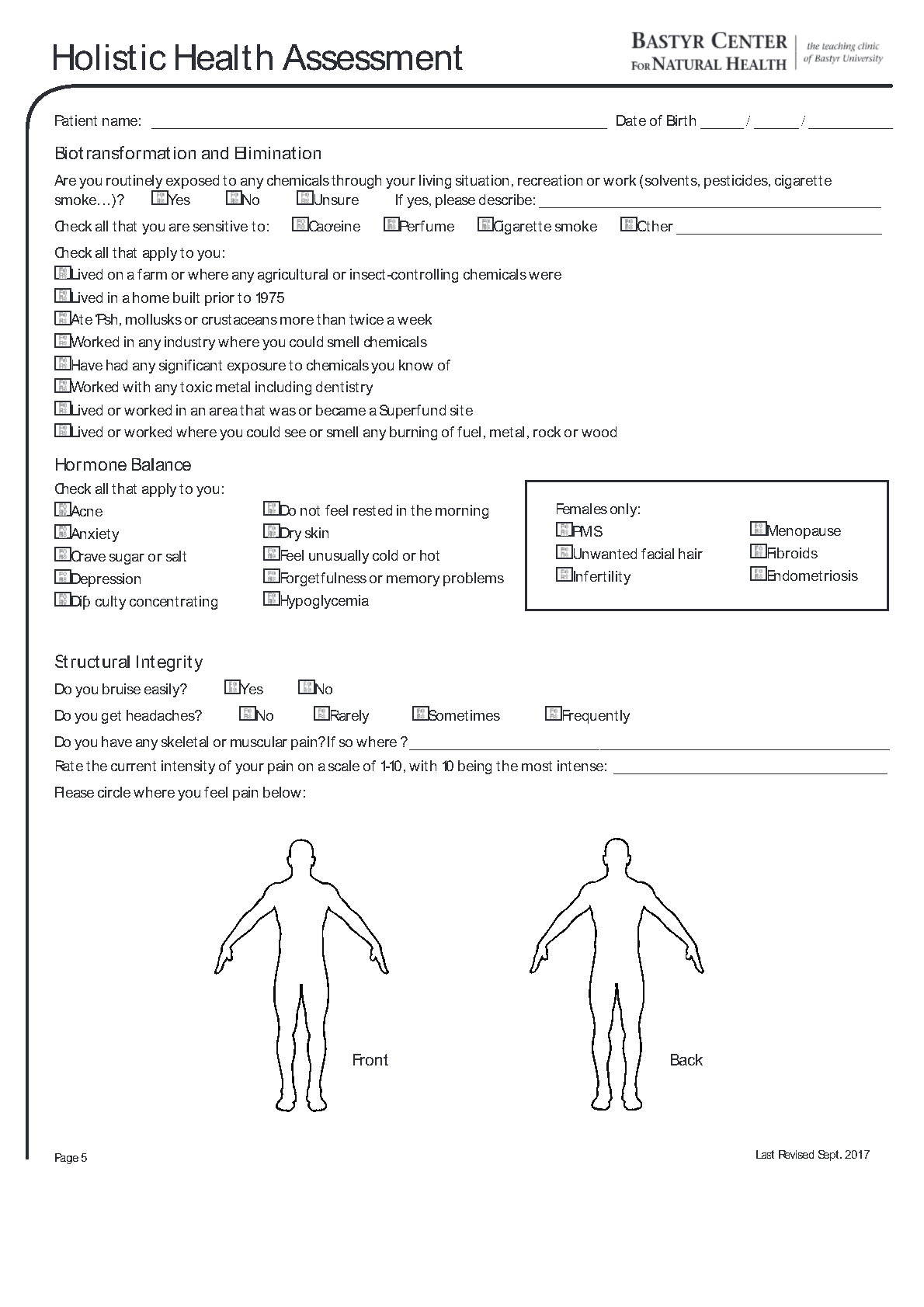
Diet/ lifestyle. Please describe a typical day eating.

|  |  |
| --- | --- |
| Breakfast |  |
| Mid-morning snack |  |
| Lunch |  |
| Mid-afternoon snack |  |
| Dinner |  |
| Food allergies or sensitivities |  |
| Coffee and tea – how many, and type |  |
| Alcohol – type and how much per week |  |
| Water – how much per day |  |
| Other beverages |  |
| Cravings |  |
| Smoking/ No per day |  |
| Recreational drugs- type and frequency |  |
| Exercise- how much per week and what type |  |

Please mark areas in your body that you currently experience pain or **physical discomfort**.



Please mark areas in your body that you currently experience **emotional discomfort**. You are welcome to name experienced emotions.



Brief family history

1. Where were you born ?…………………………………………………………….
2. Were you a natural (vaginal) or caesarean birth…………………………………….
3. Were you breast fed ?…………………………………………………………………
4. Do you have any siblings (please specify age and gender)……………………………………………………………………………….
5. Please list illnesses that run in your family

* Mother
* Father
* Siblings
* Others

Finally, please score your current health performance

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Bad | Poor | Average | Good | Excellent |
| Physical pain |  |  |  |  |  |
| Energy level |  |  |  |  |  |
| Fitness |  |  |  |  |  |
| Self-image |  |  |  |  |  |
| Self-confidence |  |  |  |  |  |
| Stress management |  |  |  |  |  |

**Consent/ Privacy statement**

I understand that Dobrusia Szramowiak, Naturopath works only within the scope of her practice to assist with my health and life endeavours. I understand that she is not a medical doctor and will not diagnose any conditions I may have, but rather work to identify and rectify the underlying origins of my signs and symptoms.

I give permission for my health records to be kept in full confidentiality.

**Cancelation policy**

If for some reason you need to reschedule your consultation, please give at least 48 hours notice, or you will be charged in full for the missed consultation. (Consultations may be conducted by phone or video conference at the allocated time if necessary.) Giving notice allows me to offer this time to someone else who may be waiting for an earlier consultation time.

I am agreeing to the above terms.

Signed Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_