



Name:.....

DOB.....

Phone no:.....

Address.....

Email:.....

Aspirations:.....

.....

.....

3 words to describe you:.....

.....

Have you had naturopath before?

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.....

Energy Levels (1-5) -1=low 5=high

Morning After eating Evening

Stress Levels (1-5)

Home Work Money Love Other

How do you:

Sleep.....

.....

Relax:.....

.....

Food Cravings.....

Food you have an aversion to.....

Recreational Drugs.....

Do you have Children? Y/ N Ages.....

Medical Info:

Doctor.....

Phone.....

Any medications.....

Family History (Mother, Father, Grandparents, sibling)

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Any Injuries.....

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Illnesses/Allergies.....

Do you smoke y/n

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Food Diary: (Please fill out a average day)

Time Food

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Alcohol(per week)

Water(Per Day).....



Body systems:

At Loula Natural we treat you as a whole person. In order to tailor a treatment plan specifically for you as an individual we need to know how each of your body systems functions. When answering the questions, you may not be experiencing them now but may have in the past, please indicate this in your answers. You may also circle anything relevant. (you can add more details on the notes page)

Childhood Diseases,

General health, Major/recurrent Illnesses (i.e. Hepatitis, Jaundice, Diabetes, TB, Glandular Fever, Asthma), Accidents, Hospitalisations, Immunisations, Operations, Surgeries, Medical results i.e. blood tests

Digestive

Appetite, Flatulence/Bloating/Abdominal Pain, Indigestion/Reflux/Acidity, Nausea/Vomiting, Stools-Colour/Consistency/Regularity/Diarrhoea/Constipation/Pain/Blood, Dysphagia, Rectal bleeding/Haemorrhoids, Weight Change, Dental Problems

Nervous

Sleep Disturbance/Night sweats/Dreams, Sleep patterns – diff going to sleep, wake easily/early, Headache/Migraine, Visual Disturbance, Dizziness/Vertigo/Weakness, Fainting/Fits, Energy, Paraesthesia, Mood Changes/Emotions, Anxiety/Stress, Memory/Concentration

Immune

Infections, Wound healing time, Night sweats, Frequency/Length of colds/flu, Recurrent/Chronic conditions

Cardiovascular

Chest Pain, Shortness of breath, Palpitations, Oedema, Varicose Veins, Cold Extremities, Blood Pressure

Respiratory

Earache/Tinnitus/Hearing Loss, Infection, Catarrh/Sinus, Sputum/Post nasal drip, Sore Throat, Cough/Haemoptysis, Wheeze/Difficulties-inhaling or exhaling/Tightness of chest

Urinary

Frequency/Urgency, Pain/Burning/Dysuria, Haematuria, Loin Pain, Difficulty Starting, Weak Stream/ Dribbling/Incontinence, Urine Character-Colour/Quality/Smell

Musculoskeletal

Joint Pain/Stiffness (better/worse for), Joint Swelling, Back/Neck Pain, Injuries, Spasms/cramps

Skin

Acne/Dry/Oily, Eczema/Psoriasis, Rashes, Fungal Infections, Herpes

Reproductive

Cycle Length - Regularity/Duration, Dysmenorrhoea/Clotting/Colour/Amount, P.M.S (type), Menopause-Peri/Post, Libido, STD's, Infertility/Impotence/Dysfunction, Pregnancies/ Miscarriages/Terminations

Endocrine

Poor temperature regulation (aversion to cold etc), Energy levels throughout the day (fatigue), Weight gain/loss, Goitre, Loss/growth of body hair

I hereby sign that all this information is true

Client Signature.....



Notes: (please use this page to give me any other information that you may think is helpful to assess your whole body health.)