

NATURAL HEALTH & DETOX

HEALING SPA

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Please bring with you

NATUROPATHIC CLINIC QUESTIONNAIRE

(To ensure a thorough diagnosis please complete the entire form, except where indicated)

NAME: DATE:
EMAIL: () please tick for monthly email newsletter
ADDRESS: PHONE: (HM)
(WK)
(Mobile)

OCCUPATION: D.O.B: AGE:
HEIGHT: WEIGHT: DESIRED WEIGHT: BLOOD TYPE:
RELIGION: NO. OF CHILDREN: MARITAL STATUS:

MAIN COMPLAINT (reason for coming): REFERRED BY:

PHYSICALS: MEDICAL HISTORY e.g illnesses, treatments, operations, drugs and antibiotics – name all drugs & length of use, accidents, therapies already undertaken

CHILDHOOD:

ADOLESCENCE:

ADULT:

CURRENT MEDICATION:

FAMILY DOCTOR:

ANY FAMILY MEDICAL HISTORY? (If parents deceased, cause of death and age at death)

DO YOU HAVE ANY KNOWN ALLERGIES:

VACCINATIONS RECEIVED:

WHAT IS YOUR MAIN OBJECTIVE FOR TREATMENT AND OUTCOME EXPECTED?

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(Please underline, circle or highlight those that are relevant to you with your current health status and this will be discussed in depth on your consultation)

GASTRO – INTESTINAL

Any digestive problem	Reflux/Heartburn	Bloating	Appetite
Flatulence	Fatty meal disagreement	Pain after eating / before eating	
Belching	Vomiting		
Bowel habits are _____ a/every____day(s)		Hard, dry stools	Light in colour
Constipation	Runny stools	Use laxatives	use antacids
Haemorrhoids	Anal itching	Other	

CARDIOVASCULAR

Heart problems	Irregular	Pounding	Palpitations
Angina	Hypertension	Hypotension	Cold hands/feet
Murmur	Swollen ankles	Varicose veins	Pins & needles
Chest pain or breathless on exertion		Cramp	Headaches
Migraines	Cholesterol high	Nose bleeds	

RESPIRATORY

Breathing difficulties	Asthma	Frequent attacks	Wheezing	
Coughs	Phlegm	Colour phlegm	Bronchitis	Laryngitis
Pharyngitis	Trachiitis	Colds frequent	Chest weakness	

REPRODUCTIVE

Women – regular cycle	Irregular cycle	PMS		
Clotting	Pain	Heavy flow	Light flow	Thrush
Discharge	STDs	Infertility	Late/Early onset of menses	
Men – Infertility	Impotence	Prostate problems		
Premature ejaculation	Urinary flow disturbance	Nocturnal urination		

URINARY

Frequency	Difficult	Blood in urine	Cystitis regular	
History of bladder or kidney infection		Bedwetting	Dark urine	Other

MUSCULO SKELETAL

Muscle/joint problems	Pain/Stiffness	Clicking	Poor mobility
Inflammation/Swelling	Arthritis	Rheumatoid	Difficult walking
Numbness	Muscular weakness	Sprains/Strains	Cramp
Tendonitis/Bursitis	Other		

NERVOUS SYSTEM

Nervousness Convulsions Anxiety Tremors
Paralysis Dizziness Sleeping problems Headaches/Migraines
Unable to relax Easily frightened/jumpy Teeth grinding in sleep
Clench jaw or hold muscles tight

EARS NOSE THROAT

Pain in ears Tinnitus Discharge Reduced hearing Sinus
Blocked nose Bleeds easily Discharge Pain in throat
Difficult swallowing Clear throat often Tonsils removed
Ear infections frequent Snoring Post nasal drip

SKIN

Dry Oily Scaly Stretchmarks Moles Warts
Rash Peeling Eczema Acne
Psoriasis Dermatitis Itchy Tinea Sensitive Fungal
Bruising Allergic reactions Wounds slow to heal Other

HAIR

Dry Oily Grey Falls out Balding
Dandruff Coloured Other

EYES

Dry Sensitive to light Watery Burning Gritty
Styes Glasses Lenses Night blindness Cataracts
Glaucoma Fatty growths Other

MOUTH

Dry Excessive saliva Corner cracks Gums bleed Ulcers
Cold sores Sore mouth Frequent toothaches Fillings
Mercury/White Metallic taste in the morning

SUMMARY (Practitioner use only)

GENERAL/EMOTIONAL (Scale 1=Poor, 5=Average, 10=Excellent)

Energy	Concentration	Memory	Self Esteem
Fitness	Emotional Fluctuations	Enjoy your job	Home life
Relationship	Positivity		

Do you have any fears or worries:

How do you react to stress:

Thrive on it/ Enjoy it/ O.K/ Poorly/ It devastates me

HOBBIES & INTERESTS:

EXERCISE:

Regular (3 x a week or more)

Flexibilities (Yoga, Stretching)

Cardiovascular (Running, Swimming, Aerobics etc)

Relaxation (Meditation, Prayer, Other)

Non regular (1 x week or less)

SLEEPING PATTERNS:

How do you sleep:

Nightmares

Wake during night

Time

Urinate at night

Dream recall

Tranquilisers

SUMMARY: (Practitioners use only)

NUTRITION

Foods most liked:

Foods least liked:

Cravings for:

Time of day:

Food Allergies:

Suffer from Sinus/Hayfever/Headaches/Ear aches/Mood swings

How often do you have fried foods per week:

How often do you have take-aways per week:

Soft drink intake: Fizzy Fruit juice Herbal tea

Tea consumption per day:

Coffee consumption per day:

Alcohol consumption: Type Quantity daily/weekly Special occasions

Smoking: How many Type How long Marijuana

Water: How much

TYPICAL FOOD & LIQUID INTAKE FOR A DAY

On rising:

Breakfast:

Morning Tea:

Lunch:

Afternoon Tea:

Dinner:

Supper:

Past eating habits:

(FOR PRACTITIONER USE ONLY)

BLOOD PRESSURE:

RESTING PULSE:

IRIS SIGNS:

TONGUE:

RIDGED TEETH MARKS (B1)

PURPLE/MAGENTA (B2)

FIERY RED, TEETH MARKS (B3)

BEEFY IN TEXTURE/ENLARGED (B5)

STRAWBERRY TIP (B12)

IS YOUR TONGUE COATED FIRST THING IN THE MORNING?

IF SO WHAT COLOUR: WHITE, YELLOW, OTHER

EXCESS YIN/YANG, LIVER CHI

HEART CHI

STOMACH CHI

SPLEEN/PANCREAS CHI

KIDNEY CHI

LUNG CHI

GALLBLADDER CHI

NAILS:

WHITE SPOTS

RIDGES – VERTICAL/HORIZONTAL

SPLITTING

PEELING

BRITTLE

SOFT

OTHER

SUMMARY:

REFLEXOLOGY:

CHINESE PULSE:

NUTRITION SUMMARY:

(FOR PRACTITIONER USE ONLY)

<u>Diets Given:</u>	Hypoglycae	Candida	Elim	Zone	Keto
<u>Tests:</u>	Indicans Haemaview-Live blood analysis Heavy Metal Urine Provocation Test	Full urinalysis	Lab Tests - Blood Hair analysis - Allergy/Toxic Element Iridology Iris cam		
<u>Supplements:</u>	Metagenics Weleda	FX Med Nikken	Pacific Health Bio Pro	Naturoparm	
<u>Herbs:</u>	Fluid extract N.Z Native	Glycertract Capsules	Dried Pessaries	Chinese Cream/Ointment	
<u>Homeopathy:</u>					
<u>Homeobotanical:</u>					
<u>Bach Flowers:</u>					

PRECIS:

TREATMENT PLAN:

DATE: Stage One Stage Two Three/Maintenance

AGREEMENTS

Notice of Postponement/Cancellation

I hereby agree to give at least 24 hours notification of any intended Change/cancellation to my agreed appointment, otherwise a cancellation fee of 80% consultation fee will be applicable.

Signed.....**Dated**.....

Confidentiality

All matters discussed with Nahaia Russ in session are strictly confidential and will not be revealed to anyone outside of this office unless prior permission is granted by yourself.

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