

Cell: 027)2843781 E/m: bridgitt@maintainingyourhealth.co.nz

www.maintainingyourhealth.co.nz **Clinic**: c/- Serenity, 371 Gloucester Street, Taradale, Napier

Name:	
Address:	
Contact phone/mobile:	
Email address:	
Date of birth:	
Name of doctor and contact phone:	
Occupation: Are you Pregnant? Are you using any contraception? Name?	
Are you a smoker?	
Medical history, including past injuries, surgeries and traumas.	
Any medication (including natural, supplements, herbs & vitamins):	
Any allergies: (bees, bees wax, essential oils, foods, shellfish, medication).	
Are you currently receiving treatment from other health practitioners?	
Reason for treatment today:	
	and I give my consent to receiving this treatment. In an minister my medication if I am unable to.
Yes, I wish to be contacted regarding future pro	motional offers.
Client Signature:	Date:



Name:	Date:

HEALTH APPRAISAL CLIENT QUESTIONNAIRE FORM

Your answers to this Health Appraisal questionnaire will assist me in gaining information about your current symptoms and health concerns. You may notice that some questions are repeated. In order for me to build a picture of your current health imbalances, it is **important** you to answer each section. Tick the column which best describes the frequency of your symptoms over the PREVIOUS 3 MONTHS.

		Never	Осс	Mod	Fre			Never	Occ	Mod	Free
		er	Occasionally	Moderately/Often	Frequently/Daily			er	Occasionally	Moderately/Often	Frequently/Daily
			ally	ely/O	ly/Da				ally	ely/O	ly/Da
				ften	aily					ften	aily
SE	CCTION 1						SECTION 4				
•	Indigestion					•	Indigestion, bloating and fullness for				
•	Excessive belching, burping					•	several hours after eating. Abdominal cramps or aches				
•	Bloating or fullness commencing					•	Nausea and/or vomiting				
	during or shortly after a meal						Transca and/of volinting				
•	Sensation of food sitting in stomach for					•	Excessive passing of gas				
	a prolonged period after a meal										
•	Bad breath					•	Diarrhoea (loose, watery, explosive or frequent bowel movements)				
•	Loss of appetite or nausea					•	Constipation (straining, hard, dry or sheep				
]	or appeared of massea						pellet appearance).				
•	History of anaemia					•	Alternating between constipation and				
	T		-				diarrhoea.				
•	Lemon juice, apple cider vinegar relieves symptoms of belching,					•	Stools colour brown				
	burping.										
						•	Stools greasy, smelly or stick to toilet				
				ı	ı		bowl, floating.				
SE	CCTION 2					•	Undigested food in stools				
•	Stomach pain, burning or aching, 1-4					•	Stool colour grey				
	hours after eating.										
•	Vomit contains blood or the appearance					•	Stool colour orange				
	of coffee grounds.										
•	Black tarry stools					•	Stool colour yellow				
•	Feeling hungry 1-2 hours after eating.					•	Mucus or pus in stool.				
•	Indigestion or heartburn from spicy or fatty foods, citrus, alcohol or caffeine.					•	Fresh bright red blood in stool with bowel movement				
•	Stomach discomfort or pain in response					•	Dark old blood in stool				
	to strong emotions, or smells of food.						2 um 010 01000 m 51001				
•	Heartburn aggravated by lying down or					•	Lower abdominal pain, cramping and/or				
	bending forward.						spasms.				
•	Anti-acids, fizzy liquids, milk, cream or food relieve the above symptoms.					•	Lower abdominal pain, relieved by passing				
•	Constipation					•	gas or stools. Certain foods or stress aggravate lower				
Ĺ							abdominal pain.	L,			
•	Difficulty or pain when swallowing.					•	Sensation of incomplete emptying of				
							bowel.				
	CECTION 2					•	Extremely narrow stools.				
	SECTION 3			1	1	•	Rectal pain or cramps				
•	Upper abdominal pain, or pain under ribs.					•	Anal itching.				
•	Bloating or feeling of fullness after					•					
•	eating. red skin particularly on palms.		-			•	Fatty foods cause indigestion or nausea.				
•	Loss of appetite					•	Nausea and/or vomiting				
•	Unexplained itchy skin.					•	Yellow-ish discolouration of skins or eyes,				
							or dark coloured urine.				
•	Fatigue, malaise or weakness					•	Fluid retention, oedema (swelling)				
•	Easy bruising or bleeding (gums).					•	Loss or thinning of body hair,				

SECTION 5 Feting cold, intolerance to cold Frequent infections e.g., bladder, skin			Never	Occasionally	Moderately/Often	Frequently/Daily		Never	Occasionally	Moderately/Often	Frequently/Daily
Swelling or tightness in front of neck Specific see the swell of the swell o					_			SECTION 8		-	
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									_		
• Nausea, dizziness									_		
Change in appetite									_		
Change in appetite Weight gain		рреше	1						\dashv		

	Never	Occasionally	Moderately/Often	Frequently/Daily	Moderately/Often Occasionally Never
SECTION 11					SECTION 14
Fluid retention throughout body					Muscle aches, pains, spasms
Lower back pain					Muscle stiffness, tension
Excessive urination					Specific body points tender to touch Headaches
Burning with urination Frequent urination					Fatigue Fatigue
Urgency of urination					Difficulty sleeping
Bloody, cloudy or dark urine					Muscle twitch or tremble
Strong smelling urine					Restless legs
Incontinence					Upper or lower back pain
Infrequent urination					Muscle loss or wasting
Grey colour to skin					Tender, red swollen & stiff joints
Severe 1 sided lower back or groin pan associated with restlessness					Shooting, tingling pain down back of leg
History of kidney stones					Joint pain involving more than 1 joint
Prostate health					Numbness, prickling, tingling sensation in neck, shoulders or arms
SECTION 12					SECTION 15
Fatigue or weakness or feeling shaky					Have over-active mind or worry
and the meaning of recining similar					excessively
Mild headache					Live or work in stressful environment
Sweating or palpitations					Eat chocolate or caffeine in evenings
Feeling light-headed or faint					Have difficulty falling or staying asleep
Difficulty concentrating, poor memory, confusion					Eat after 8pm
Agitation, irritability					Find it difficult to relax or turn off
Excessive frequent urination					
Increased thirst & appetite					SECTION 16
Blurred vision, failing eyesight					Acne
Fatigue, drowsiness Profuse sweating					Psoriasis Eczema/dermatitis
Dizziness when standing from sitting					Warts Variables
position Unintentional weight loss or weight					Tinea
gain Recurrent or persistent infections					Dandruff
(bladder, skin)					
Ulcers or sores on legs, feet Slow wound healing					Rashes Areas of increased pigmentation
Diagnosis of diabetes					Unusual or changing moles
					Areas of unexplained redness
SECTION 13					Discoloured nails
Shortness of breath, increased effort to breathe					Pitted Nails
Wheezing					Weak brittle nails
Shallow breath					Thickened nails
Cough – dry					
Cough - moist					SECTION 17
Thick yellow, green or brown phlegm					In the past 2 years have you experienced:
Blood in phlegm					Divorce
Frothy phlegm					Separation from partner
Noisy rattling sounds when breathing					Marriage
Pain in chest		1	1	\vdash	Death of close family member or friend
Bad breath or phlegm smells offensive		-	-	\vdash	Loss of work, retirement or starting a new job
Loud snoring Cold always goes to the chest		-	-	+	Bankruptcy or major change in finances Moving house
Bluish nails or lips					MOVING HOUSE
Diamon numb of tipo					Family history of other major illness
Family history of Diabetes					y yy
Family history of Cardiovascular Disease					