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Clinic: c/- Serenity, 371 Gloucester Street, Taradale, Napier

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**Name:**

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**Address:**

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**Contact phone/mobile:**

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**Email address:**

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**Date of birth:**

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**Name of doctor and contact phone:**

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**Occupation:**

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**Are you Pregnant?**

**Are you using any contraception? Name?**

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**Are you a smoker?**

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**Medical history, including past injuries, surgeries and traumas.**

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**Any medication (including natural, supplements, herbs & vitamins):**

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**Any allergies: (bees, bees wax, essential oils, foods, shellfish, medication).**

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**Are you currently receiving treatment from other health practitioners?**

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**Reason for treatment today:**

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☐

The information I have provided above has been true and correct at the time of signing. Pregnancy risks and confidentially issues have been explained to me and I give my consent to receiving this treatment. In an emergency, I give my consent for Bridgitt to administer my medication if I am unable to.

☐

Yes, I wish to be contacted regarding future promotional 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	Occasionally	Moderately/Often	Frequently/Daily						Never	Occasionally	Moderately/Often	Frequently/Daily
<b>SECTION 1</b>									<b>SECTION 4</b>								
•	Indigestion								•	Indigestion, bloating and fullness for several hours after eating.							
•	Excessive belching, burping								•	Abdominal cramps or aches							
•	Bloating or fullness commencing during or shortly after a meal								•	Nausea and/or vomiting							
•	Sensation of food sitting in stomach for a prolonged period after a meal								•	Excessive passing of gas							
•	Bad breath								•	Diarrhoea (loose, watery, explosive or frequent bowel movements)							
•	Loss of appetite or nausea								•	Constipation (straining, hard, dry or sheep pellet appearance).							
•	History of anaemia								•	Alternating between constipation and diarrhoea.							
•	Lemon juice, apple cider vinegar relieves symptoms of belching, burping.								•	Stools colour brown							
									•	Stools greasy, smelly or stick to toilet bowl, floating.							
<b>SECTION 2</b>									•	Undigested food in stools							
•	Stomach pain, burning or aching, 1-4 hours after eating.								•	Stool colour grey							
•	Vomit contains blood or the appearance of coffee grounds.								•	Stool colour orange							
•	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 to strong emotions, or smells of food.								•	Dark old blood in stool							
•	Heartburn aggravated by lying down or bending forward.								•	Lower abdominal pain, cramping and/or spasms.							
•	Anti-acids, fizzy liquids, milk, cream or food relieve the above symptoms.								•	Lower abdominal pain, relieved by passing gas or stools.							
•	Constipation								•	Certain foods or stress aggravate lower abdominal pain.							
•	Difficulty or pain when swallowing.								•	Sensation of incomplete emptying of bowel.							
									•	Extremely narrow stools.							
<b>SECTION 3</b>									•	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,							

					Never	Occasionally	Moderately/Often	Frequently/Daily							Never	Occasionally	Moderately/Often	Frequently/Daily				
<b>SECTION 5</b>										<b>SECTION 8</b>												
•	Fatigue, sluggishness									•	Frequent colds or flu											
•	Feeling cold, intolerance to cold									•	Frequent infections e.g. bladder, skin											
•	Swelling or tightness in front of neck									•	Diarrhoea, loose, explosive, watery or frequent bowel movements											
•	Constipation (straining, hard, dry or sheep pellet appearance).									•	Continuous discharge from ears											
•	Dry skin and hair									•	Nasal congestion											
•	Puffy face, hands or feet									•	Continuous discharge from nose											
•	Gaining of weight, or decreased appetite.									•	Sore throat											
•	Low moods									•	Cough with mucus											
•	Difficulty concentrating, poor memory									•	Cold sores											
•	Low libido									•	Inflamed or bleeding gums, or swollen, red lips or tongue.											
•	Infertility									•	Wounds heal slowly											
•	Heavier or more frequent menstrual periods									•	Excessive hair loss											
										•	Neck, armpit or groin swelling											
										•												
<b>SECTION 6</b>										<b>SECTION 9</b>												
•	Fatigue, notable weakness in limbs									•	Migraine or non-migraine headache											
•	Feeling hot, or intolerance to heat, sweaty									•	Sensitivity to light (skin or eyes)											
•	Swelling or tightness in front of neck									•	Dark circles under eyes.											
•	Diarrhoea, loose, watery or frequent bowel movements									•	Swollen eyes, lips, face or other body parts.											
•	Weight loss, possible with increased appetite.									•	Localised or general itching – eyes, ears, throat, nose, skin.											
•	Heart Palpitations									•	Rashes or eczema											
•	Nervousness, irritability, restlessness									•	Clear watery discharge from nose or eyes											
•	Tremor									•	Sneezing, coughing or wheezing											
•	Insomnia									•	Irritability, fatigue											
•	Visual disturbance, problem with eyes, or development of staring gaze.									•	Certain foods worsen symptoms, or cause palpitations											
•	Poor libido									•												
•	Light, infrequent or absent menstrual periods																					
										<b>SECTION 10</b>												
<b>SECTION 7</b>										<i>As far as you are aware, do you have a sensitivity to ...</i>												
•	Feeling stressed, nervous, or tense, or unable to relax.									•	Preservatives; Sodium or Potassium Benzoate											
•	Feeling irritable or over-sensitive									•	Tyramine e.g. red wine, cheese, bananas, chocolate etc.											
•	Feeling over-whelmed or unable to cope									•	Chemicals –e.g. fragrances, exhaust fumes, cigarette smoke or other strong odours.											
•	Low mood, mood swings									•	Even small amounts of alcohol											
•	Difficulty concentrating or thinking clearly, memory problems									•	Chemicals e.g. herbicides, insecticides, pesticides or organic solvents.											
•	coffee, tea, energy drinks, tobacco, sugar or chocolate as pick-me ups.									•	Alcohol number of drinks per week – please circle.				0	1-7	8-14	15+				
•	Fatigue or tire easily.									•	Coffee, tea, green tea, milo, energy drinks											
•	Find it hard to get up and going in the morning.									•	Smoking – number per day.											
•	Difficulty staying awake during day									•	Have you quit smoking in the last year?				Y		N					
•	Insomnia or waking during middle of night.									•	Recreational drugs – Type of drug .....				Y		N					
•	Heart palpitations or chest pain.									•												
•	Panic attacks and unable to breathe									•												
•	Nausea, dizziness									•												
•	Change in appetite									•												
•	Weight gain									•												

		Never	Occasionally	Moderately/Often	Frequently/Daily			Never	Occasionally	Moderately/Often	Frequently/Daily
<b>SECTION 11</b>						<b>SECTION 14</b>					
	Fluid retention throughout body						Muscle aches, pains, spasms				
	Lower back pain						Muscle stiffness, tension				
	Excessive urination						Specific body points tender to touch				
	Burning with urination						Headaches				
	Frequent urination						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				
<b>SECTION 12</b>						<b>SECTION 15</b>					
	Fatigue or weakness or feeling shaky						Have over-active mind or worry 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						<b>SECTION 16</b>				
	Blurred vision, failing eyesight						Acne				
	Fatigue, drowsiness						Psoriasis				
	Profuse sweating						Eczema/dermatitis				
	Dizziness when standing from sitting position						Warts				
	Unintentional weight loss or weight gain						Tinea				
	Recurrent or persistent infections (bladder, skin)						Dandruff				
	Ulcers or sores on legs, feet						Rashes				
	Slow wound healing						Areas of increased pigmentation				
	Diagnosis of diabetes						Unusual or changing moles				
							Areas of unexplained redness				
	<b>SECTION 13</b>						Discoloured nails				
	Shortness of breath, increased effort to breathe						Pitted Nails				
	Wheezing						Weak brittle nails				
	Shallow breath						Thickened nails				
	Cough – dry										
	Cough - moist						<b>SECTION 17</b>				
	Thick yellow, green or brown phlegm						<i>In the past 2 years have you experienced:</i>				
	Blood in phlegm						Divorce				
	Frothy phlegm						Separation from partner				
	Noisy rattling sounds when breathing						Marriage				
	Pain in chest						Death of close family member or friend				
	Bad breath or phlegm smells offensive						Loss of work, retirement or starting a new job				
	Loud snoring						Bankruptcy or major change in finances				
	Cold always goes to the chest						Moving house				
	Bluish nails or lips										
						Family history of other major illness					
	Family history of Diabetes										
	Family history of Cardiovascular Disease										
	Frequency of exercise										

