**Client Registration Form**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hanna Emke Naturopath & Herbalist

 P. 0273061234

 E. hanna.emke@gmail.com

**Biographical Data**

|  |  |
| --- | --- |
| Name: |  |
| Address: |
| Phone: |  | Email: |  |
| DOB: |  |  | Age: | Gender: |  M F |
| Relationship Status:  |  | No. of Children & ages: |  |
| Occupation : Past occupations: |  | Time in current employmentTime in past occupations: |  |
| GP: |  | Phone: |  |
| Permission to contact if necessary: | Y N |  |
| Emergency Contact: |  | Phone: |  |
|  |  | Relationship: |  |
| Religious or cultural considerations: |  |

**Presenting Complaint**

|  |
| --- |
| Please provide a brief outline of why you are seeking treatment: |
|  |
| Has this been diagnosed? If yes - by whom, when and what was the diagnosis? |
|  |
| Have you sought advice or treatment for this through other means? |
|  |
| What would you like to achieve as a result of seeing me? |
|  |

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| --- |
| Please list any medications and supplements that you currently take: *E.g. BP, inhalers, antibiotics, pain, sleep, anti-depressants, laxatives, antacids, contraception (OCP, Mirena, rods, injection), vitamins, minerals, fish oil, herbs, homeobotanicals, flower essences, tissue salts* |
| Brand & product names | Strength | Dose | Frequency | For how long |
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**Family Health History**

Please provide details of any illnesses that members of your family have experienced *E.g. hypertension, heart disease, stroke, cancer, diabetes type I or II, depression, mental illness, epilepsy, eczema, psoriasis, autoimmune conditions, asthma, emphysema, arthritis IBS/IBD, coeliac, Crohn’s.*

Anyone with similar illnesses to you?

|  |  |  |  |
| --- | --- | --- | --- |
| Maternal*Mother, grandparents, other* | Paternal*Father, grandparents, other* | Siblings | Children |
|  |  |  |  |

**Health History**

Please describe your health history, include the age/date and duration this occurred:

|  |  |
| --- | --- |
| Illnesses - Child |  |
| Illnesses - Adult |  |
| Hospitalisations / Surgery |  |
| Accidents / Fractures |  |
| Past Medications |  |
| Allergies |  |
| Chemical or heavy metal exposure |  |
| Vaccinations*Type, Adverse events?* |  |
| Your Birth *Type, breastfed? Any issues?* |  |
| Your pregnancy & preconception health *Any issues? Mother’s health?* |  |

**Lifestyle**

Please comment on these various aspects of your lifestyle:

|  |  |
| --- | --- |
| Energy 0 - 10*Peaks / troughs**Timing, Causes* |  (Very Low) 0 1 2 3 4 5 6 7 8 9 10 (Very High) |
| General stress 0 - 10*Causes (family/work)* |  (Very Low) 0 1 2 3 4 5 6 7 8 9 10 (Very High) |
| Sleep*Time to bed/asleep/ awake. Broken, restful**Difficulty getting to sleep*  |  |
| Exercise*Type, duration, frequency* |  |
| Relaxation *Type, frequency* |  |
| Social activities / Hobbies |  |
| Holidays*Frequency, history, travel, illness overseas* |  |
| Relationships*Supportive? – intimate, friends & family, past & present* |  |
| Spiritual/ cultural activities |  |
| Alcohol intake*Type, amount, frequency* |  |
| Recreational drug use*Type, frequency, history* |  |
| Smoking*History, type, frequency* |  |
| Emotional tendencies*Anxiety, depression, fluctuating moods* |  |
| Life changing events & dates*Births, deaths, marriages, divorces, traumatic events* |  |
| Environmental stress*Electromagnetic exposure ie computers, mobile phones, electric blankets, microwaves. Cosmetics, body products, cleaning products, pesticides, herbicides, oils, glues, solvents*  |  |
| Dental work*Filling type and number, root canals, caps, whitening, implants, dentures, retainers, braces, gum health*  |  |

**How motivated are you to make changes to your health?**

|  |  |  |  |
| --- | --- | --- | --- |
| Not at all motivated | Baby steps One step at a time | Moderately motivated | Very motivatedI’ll do anything it takes |

**Timeline**

Please provide details of your health and emotional issues on the timeline below:

|  |  |
| --- | --- |
| 0 - 5 years |  |
| 5 -12 years |  |
| Teenage years |  |
| 20 - 30 years |  |
| 30 - 40 years |  |
| 40 - 50 years |  |
| 50 - 60 years |  |
| 60 - 70 years |  |
| 70 - 80 years |  |
| 80+ years |  |

*Thank you for taking the time to fill this form out. I look forward to assisting you at your appointment.*

**Food and Symptom Diary**

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hanna Emke

StudentNaturopath

 P. 0273061234 E. hanna.emke@gmail.com

Please do not change your eating habits whilst keeping your food diary and BE HONEST.

Be as specific as you can and do not forget to write down extras such as condiments and drinks, or the odd lolly or piece of fruit. It is better if you keep your form with you all day and write things down as you eat them rather than try to do a recall at the end of the day. Please record all fluids, including water.

**Day 1 – Day of the week \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Time** | **Quantity** | **Details of Food & Drinks***Include ingredients, organic/non-organic, pre-packed etc* | **Cooking Method** | **Where eaten** | **Other activity whilst eating** | **Mood** |
| *09.00am* | *1 medium bowl* | *Organic oat porridge made with ½ c skimmed milk, 1tsp LSA, ½ chopped banana* | *Stove top* | *Kitchen* | *Getting kids to eat*  | *Rushed* |
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Please detail any symptoms experienced during the day:

Rate your stress level today on a scale of 1 – 10 (1 being virtually stress-free):

1 2 3 4 5 6 7 8 9 10 Cause of stress:

Rate your overall energy level today on a scale of 1 – 10 rate (1 being virtually no energy):

1 2 3 4 5 6 7 8 9 10

Were there periods during the day when your energy was particularly low or high? Explain.

List any exercise you performed today:

**Day 2 – Day of the week \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Time** | **Quantity** | **Details of Food & Drinks***Include ingredients, organic/non-organic, pre-packed etc* | **Cooking Method** | **Where eaten** | **Other activity whilst eating** | **Mood** |
| *09.00am* | *1 medium bowl* | *Organic oat porridge made with ½ c skimmed milk, 1tsp LSA, ½ chopped banana* | *Stove top* | *Kitchen* | *Getting kids to eat*  | *Rushed* |
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Please detail any experienced during the day:

Rate your stress level today on a scale of 1 – 10 (1 being virtually stress-free):

1 2 3 4 5 6 7 8 9 10 Cause of stress:

Rate your overall energy level today on a scale of 1 – 10 rate (1 being virtually no energy):

1 2 3 4 5 6 7 8 9 10

Were there periods during the day when your energy was particularly low or high?

List any exercise you performed today:

**Day 3– Day of the week \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Time** | **Quantity** | **Details of Food & Drinks***Include ingredients, organic/non-organic, pre-packed etc* | **Cooking Method** | **Where eaten** | **Other activity whilst eating** | **Mood** |
| *09.00am* | *1 medium bowl* | *Organic oat porridge made with ½ c skimmed milk, 1tsp LSA, ½ chopped banana* | *Stove top* | *Kitchen* | *Getting kids to eat*  | *Rushed* |
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Please detail any symptoms experienced during the day:

Rate your stress level today on a scale of 1 – 10 (1 being virtually stress-free):

1 2 3 4 5 6 7 8 9 10 Cause of stress:

Rate your overall energy level today on a scale of 1 – 10 rate (1 being virtually no energy):

1 2 3 4 5 6 7 8 9 10

Were there periods during the day when your energy was particularly low or high?

List any exercise you performed today:



**Eliminations**

It is important to take note of the way the body is eliminating in order to gain a better understanding of the way the excretory pathways and organs of the body are working.

Please place ticks or quantity and comments where appropriate.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Bowels*** |  |  | **Day 1** | **Day 2** | **Day 3** |
| ***Quality*** *eg. Floats, sinks, sticks to bowel, food particles, ease of passing, blood, gas.* | ***Stool type****Tick for frequency* | ***Colour******Odour******Quality*** | ***Stool type****Tick for frequency* | ***Colour******Odour******Quality***  | ***Stool type****Tick for frequency* | ***Colour******Odour******Quality***  |
| Hard pellets | **1** | Small hard pellets |  |  |  |  |  |  |
| Lumpy Sausage | **2** | Lumpy sausage shape |  |  |  |  |  |  |
| cracked sausage | **3** | Sausage shape with cracks in surface |  |  |  |  |  |  |
| smooth and skinny | **4** | Smooth soft sausage shape |  |  |  |  |  |  |
| separate soft blobs | **5** | Soft blobs with clear-cut edges |  |  |  |  |  |  |
| fluffy jagged edges | **6** | Fluffy/mushy with ragged edges |  |  |  |  |  |  |
| Liquid | **7** | Watery, no solids |  |  |  |  |  |  |
| mucous bubbles foul smell | **8** | Mucous, greasy/pale appearance |  |  |  |  |  |  |
| **Comments:** |
|  |
|  |
|  ***Urine*** ***Odour*** *eg. Sweet, Fruity, Strong, Ammonia, Pungent, Musty, Sulphur.****Quality*** *eg. Clear, Cloudy, Foamy, Blood, Pus.*  | **Day 1** | **Day 2** | **Day 3** |
| ***Urine colour****Tick for frequency* | ***Odour******&******Quality*** | ***Urine colour****Tick for frequency* | ***Odour******&******Quality*** | ***Urine colour****Tick for frequency* | ***Odour******&******Quality*** |
|  | Pale |  |  |  |  |  |  |
|  | Light yellow |  |  |  |  |  |  |
|  | Bright yellow |  |  |  |  |  |  |
|  | Dark yellow / orange |  |  |  |  |  |  |
|  | Brown |  |  |  |  |  |  |
| **Comments:** |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Sweat*****Activity** | **Day****1** | **Day****2** | **Day****3** | **Where** | **Day** **1** | **Day****2** | **Day** **3** | **Odour** | **Day** **1** | **Day** **2** | **Day** **3** |
| Exercising |  |  |  | Underarms |  |  |  | None |  |  |  |
| Resting- Day |  |  |  | Chest/back |  |  |  | Slight |  |  |  |
| Resting - Night |  |  |  | Face |  |  |  | Strong |  |  |  |



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