

# NATUROPATHIC ASSESSMENT

## Patient Questionnaire

Please return this before your consultation to Chris Burley, Heathwoods Dorking Road Walton Heath Surrey KT20 7TJ.

### GENERAL INFORMATION

Name: .....

Address: .....

Mr /Mrs / Miss/ Ms/ Dr/ Other

Date of consultation: .....

Tel. No. ....

Postal code: .....

Mobile: .....

e-Mail: .....

Occupation: .....

Date of birth .....

Present age: .....

Marital status: .....

Weight: .....

No. of children, their ages & gender: .....

Height: .....

Permission to contact your medical doctor? Yes / No  
Is your medical doctor aware of your intention  
to consult a naturopathic practitioner? Yes / No  
Doctor's name & address: .....

Drugs used in childbirth .....

Siblings .....

Other dependants: .....

Principal reasons for consultation: .....

.....

.....

.....

.....

Tel No: .....

.....

Blood Group (if known): .....

Current blood pressure (if known) .....

**HEALTH HISTORY:** Please list your illnesses, major accidents and all operations/problems from childhood to present day

Your health history –illnesses/operations/problems	Age of onset	Duration	Medication Taken
<p>Please continue on an additional sheet if necessary</p>			

**FAMILY HISTORY** If there is evidence of any of the following, please tick and give age of onset if possible.

CHILDREN	GRANDPARENTS		PARENTS		SIBLINGS			
	M F	M F	Father	Mother	Brothers	Sisters	Boys	Girls
Heart Disease								
↑ Blood Pressure								
Arthritis								
Cancer								
Diabetes								
Allergies								
Asthma								
Auto-immune disease								
Depression								

Please write the exact or, where appropriate, the average **number**, daily where suitable, of the following:

Alcoholic drinks  Glasses of water  Cups Tea or Coffee  no. of cigarettes  No of root canals  No of current amalgams (and/or metal fillings)

No of known allergies  Steroid drugs in last year  Infections in past year  Days off work in past year due to sickness, stress etc

**SYMPTOMS** Please tick any of the following which apply to you: 1= Occasional; 2-Frequent; 3= Always  
Blank is never - or almost never - has the symptoms

<b>ENERGY</b>	<b>MOUTH/THROAT</b>	<b>LUNGS</b>
Fatigue	Ulcers	Congestion
Apathy	Gagging	Bronchitis
Hyperactivity	Swollen tongue	Short ness of breath
Restlessness	Swollen lips/gums	Asthma
Sleeping problems	Cold sores	Chronic Cough
Frequent illness	Hoarseness	<b>JOINTS</b>
<b>HEAD</b>	Much sighing	Pain/aches
Faintness	<b>SKIN</b>	Arthritis
Headaches	Acne	Stiffness
Migraines	Hives, rashes	Weakness
Dizziness	Dry skin	<b>MUSCLES</b>
Insomnia	Hair loss	Pain/aches
Difficulty falling asleep	Hair gain	Twitches, spasm, tension
<b>EYES</b>	Hot flushes	Ltd movement
Watery	Excessive sweating	Weakness
Itchy	Easy bruising	Tiredness
Swollen	Cold hands/feet	Co-ordination problems
Sticky	Eczema or psoriasis	<b>WEIGHT</b>
Blurred vision	<b>HEART</b>	Excess weight
Swollen lids	Irregular/skipped beat	Under weight
Dark circles around	Rapid/pounding beat	Craving foods
Dry discharge on waking	Chest pain	Compulsive eating
<b>EARS</b>	<b>DIGESTION</b>	Water retention
Itchy	Nausea	<b>MIND</b>
Earaches	Vomiting	Poor memory
Drainage	Constipation	Confusion
Ringing	Diarrhoea	Poor concentration
Reddening	Bloated	Decision making problems
<b>NOSE</b>	Belching/flatulence	Stuttering/Stammer
Stuffy or runny	Heartburn	Learning disability
Loss of smell	Pain	Slurred speech
Sinus problems	Poor appetite	<b>EMOTIONS</b>
Hay fever	Freq/urgent urination	Mood swings
Sneezing attacks	Itching anus/genitals	Anxiety/fear/nervousness
Excessive mucus	Genital discharge	Depression

**ADDITIONAL INFORMATION** concerning your symptoms: Please continue on a separate page if needed

Please list all vaccinations received with approximate dates .....

Please rate your current stress levels out of 10: 0=low 10=high .....

*PLEASE RING ANY OF THE FOLLOWING THAT APPLY:*

I am exposed to: chemical fumes/ solvents or cleaning materials/pesticides or herbicides/dust/smoke/metals/ dampness, musty odours or mildew/ computers, printers, office machines/ glues or adhesives/ construction materials/ combustion engines or heaters/ new fabric or carpeting/ poor air quality that people complain about/ something else?

*DO YOU EXPERIENCE THE FOLLOWING:*

Soft, fraying or brittle nails	Yes	No	Chicken skin (tiny bumps on arms)	Yes	No
Dry, scaly or flaky skin	Yes	No	Dandruff	Yes	No
Dry, lacklustre or unruly hair	Yes	No	Excessive thirst	Yes	No
Menstrual cramps	Yes	No	Pre-menstrual breast pain	Yes	No

If ex-smoker, when did you give up .....

Recreational drugs monthly .....

Exercise taken weekly (20 mins or more) .....

Average weeks in sunshine yearly .....

**DIET**

Any special dietary requirements?(e.g. religious, gluten-free, diabetic, vegetarian, benzoate sensitive etc). Please specify

List your five favourite foods: .....

Foods you dislike/never eat .....

Foods/drinks you crave at any time.....

Do you have any known allergies, intolerances or sensitivities – please specify .....

Have you experimented with different diets (e.g. Atkins, Hay diet, Macrobiotics, Sun Foods, Conley etc.) *Please specify*

Which three aspects of your present condition would you most like to improve?

1. ....

2. ....

3. ....

THANK YOU FOR COMPLETING THIS PART OF THE FORM AND CONTINUE OVERLEAF.

PLEASE SEND IT, IF TIME, TO Dr. C. Burley, ND., MRN, B.Sc Heathwoods Dorking Road Walton Heath SurreyKT20 7TJ.

\* This is long but please answer fast – without thinking too much about this part which covers the way you metabolise food and its effect on you! Circle the TRUE or FALSE answer that best describes you – as near as possible. \* Neither choice may fit you exactly, but please try to choose the one that comes closest to describing your tendencies. \* If neither choice applies at all, do not circle either. \* When responding to a statement phrased in the negative (e.g. “Fruits generally do not agree with me”) a TRUE answer would mean you agree with the statement and that fruits do not agree with you, a False answer means you disagree (i.e. “Fruits do agree with me”). Thanks for doing this – it helps me to help you.

**SECTION A**

- |   |            |
|---|------------|
| 1. Appetite at breakfast is strong                  | TRUE FALSE |
| 2. Appetite at lunch is strong                      | TRUE FALSE |
| 3. Appetite at dinner is strong                     | TRUE FALSE |
| 4. Eating before bedtime helps my sleep             | TRUE FALSE |
| 5. I live to eat not to subsist                     | TRUE FALSE |
| 6. Often I get hungry between meals                 | TRUE FALSE |
| 7. Fruits generally do not agree with me            | TRUE FALSE |
| 8. Fasting makes me feel awful                      | TRUE FALSE |
| 9. I crave salt                                     | TRUE FALSE |
| 10. Morning orange juice does not agree with me     | TRUE FALSE |
| 11. A meal heavy with fat agrees with me            | TRUE FALSE |
| 12. Going without food for 4 hrs is uncomfortable   | TRUE FALSE |
| 13. I do not care for sweet desserts                | TRUE FALSE |
| 14. Vegetarian meals are not satisfactory to me     | TRUE FALSE |
| 15. Meat or fish for breakfast is energising for me | TRUE FALSE |
| 16. Meat or fish for lunch is energising for me     | TRUE FALSE |
| 17. Meat or fish for dinner is energising for me    | TRUE FALSE |
| 18. Eating meats or fatty foods restores my energy  | TRUE FALSE |

**SECTION B**

- |   |            |
|---|------------|
| 1. I tend to cough occasionally or a lot                | TRUE FALSE |
| 2. My ear colour is red or pink                         | TRUE FALSE |
| 3. I seem to have a good digestion                      | TRUE FALSE |
| 4. My eyes tend to be moist                             | TRUE FALSE |
| 5. My hands and feet tend to be warm                    | TRUE FALSE |
| 6. Cuts heal quickly                                    | TRUE FALSE |
| 7. Strong bright light does not bother me               | TRUE FALSE |
| 8. My nose tends towards being moist                    | TRUE FALSE |
| 9. I rarely get goose bumps                             | TRUE FALSE |
| 10. My skin tends towards oily and moist                | TRUE FALSE |
| 11. I urinate large volumes daily                       | TRUE FALSE |
| 12. Often I need to urinate during the day              | TRUE FALSE |
| 13. I cannot hold urine for long periods of time        | TRUE FALSE |
| 14. Strong & lasting reactions to stings & insect bites | TRUE FALSE |

TOTAL	Section A	.....	.....
TOTAL	Section B	.....	.....
TOTAL	Section C	.....	.....
TOTAL	(All)	.....	.....

**SECTION C**

- |   |            |
|---|------------|
| 1. I am passive about my achievements                 | TRUE FALSE |
| 2. My activity level is sedentary or inactive         | TRUE FALSE |
| 3. I easily show affection                            | TRUE FALSE |
| 4. I am not very ambitious                            | TRUE FALSE |
| 5. I am slow to anger                                 | TRUE FALSE |
| 6. I like to go to bed later & get up late            | TRUE FALSE |
| 7. I am not a detail-orientated person                | TRUE FALSE |
| 8. I prefer not to take responsibility                | TRUE FALSE |
| 9. I am careful, reserved and cautious                | TRUE FALSE |
| 10. Challenges are not important to me                | TRUE FALSE |
| 11. I prefer cooler and colder weather                | TRUE FALSE |
| 12. I tend not to be competitive                      | TRUE FALSE |
| 13. I have poor concentration                         | TRUE FALSE |
| 14. I am bothered by confrontation                    | TRUE FALSE |
| 15. I react poorly to criticism                       | TRUE FALSE |
| 16. I do not like decision making                     | TRUE FALSE |
| 17. I tend not to be punctual                         | TRUE FALSE |
| 18. I would rather give in than argue                 | TRUE FALSE |
| 19. I often get drowsy                                | TRUE FALSE |
| 20. I have good endurance                             | TRUE FALSE |
| 21. I have even, steady energy patterns               | TRUE FALSE |
| 22. I am not efficient in my daily tasks              | TRUE FALSE |
| 23. I can easily express emotions                     | TRUE FALSE |
| 24. It is hard to put thoughts into words             | TRUE FALSE |
| 25. I do not easily care to exercise                  | TRUE FALSE |
| 26. I am not goal orientated                          | TRUE FALSE |
| 27. I am easily hurt by harsh words                   | TRUE FALSE |
| 28. I make friends easily                             | TRUE FALSE |
| 29. I love eating and socialising                     | TRUE FALSE |
| 30. I rarely get impatient                            | TRUE FALSE |
| 31. I tend to have low levels of outside interests    | TRUE FALSE |
| 32. I do not tend to make lists of things to do       | TRUE FALSE |
| 33. Leaving loose ends does not bother me             | TRUE FALSE |
| 34. I tend to have low drive and motivation           | TRUE FALSE |
| 35. I am rarely or never obsessive                    | TRUE FALSE |
| 36. I tend to be somewhat disorganised                | TRUE FALSE |
| 37. I am a feeling intuitive person                   | TRUE FALSE |
| 38. My pace of living and working is slow             | TRUE FALSE |
| 39. I tend not to be concerned with perfection        | TRUE FALSE |
| 40. I am an easy to please sort of person             | TRUE FALSE |
| 41. My personality is warm and sociable               | TRUE FALSE |
| 42. I often procrastinate                             | TRUE FALSE |
| 43. I am slow at completing tasks                     | TRUE FALSE |
| 44. I respond slowly to emotional reactions           | TRUE FALSE |
| 45. I do not like to have routines                    | TRUE FALSE |
| 46. I generally like a little more sleep than average | TRUE FALSE |
| 47. Stress makes me depressed & to seek comfort       | TRUE FALSE |
| 48. I have a cool, calm, collected temperament        | TRUE FALSE |
| 49. I am naturally prone to worrying about things     | TRUE FALSE |

OFFICE USE ONLY:  
METABOLIC TYPING

- 1. Slow Oxidisers (Symp domt)
- 2. Fast oxidisers (Para dom)
