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Member ANTA

**CONFIDENTIAL: Client Questionnaire for Initial Consultation**  
**Please complete and submit prior to your first consultation**

*This questionnaire gives your practitioner a clear picture of your case and you as a person. Once completed and submitted (see contact details below), you will be contacted to arrange a consultation. The fee structure is at the end of this document. **All information remains strictly confidential.***

**Your details**

Name \_\_\_\_\_ Date \_\_\_\_\_

**Your present problem**

**1. List the nature of the complaint(s) that you have.** Our job is to find the center of your case and prescribe accordingly. The core problem could be physical, emotional, mental or spiritual. They may not be medical problems, it may be absolutely anything that is affecting your quality of life (for example, sleeplessness, lack of energy, irritating thoughts, bad temper, pain and so on). Describe in your own words what you consider these to be in order of their importance to you.

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Have you received a medical diagnosis for these conditions? *Click to select*  Yes  No

If yes, what was the diagnosis? \_

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Are you presently receiving any treatment, or prescribed medications of any nature (pharmaceutical drugs, or natural medicines/remedies), for these conditions? *Click to select*  Yes  No

If yes, what are you taking and what dosage(s)?

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Have you received any treatment in the past for these conditions? *Click to select*  Yes  No

If yes, what was the treatment? .

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AHM #21072497 | AusUnity #21074278 | HBF #B9700 BUPA #9956567H | ARHG, GMF, HIF, Police #AN08398N  
Medibank #0897121H | Grand United #21072880 | CBHS, HCF, IOOF, ManUn, MutCom, NIB, NRM, ResBk, SGIC, SGIO #8398

If you know how or when these problems started, please describe the circumstances and events leading to them. Do you have any suspicions as to what caused them? Do you feel the problem(s) is getting better or worse.? Did the problem(s) start gradually or suddenly? Does anything make it better or worse (e.g. weather, stress, diet, etc)?

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**2. Energy.** Give a description of your energy in the day. Do you wake up tired, or get low spots through the day? If possible, describe what time(s) you experience this. Please give your energy levels a score out of 10 (e.g. 9/10 is very high energy, or 1/10 is very low energy). Do you feel heavy limbed, listless or fatigued at various times of the day?

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**3. Sleep.** Describe your sleep patterns, again giving times for going to bed and waking. List any preferred sleep positions, body temperature in bed, dreams, nightmares, snoring, waking(s), trips to the toilet, etc. Do you wake with good energy or low energy?

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**4. Appetite.** Would you generally say you have a good, or poor, appetite? Mention your hungriest time of day. Do you have any level of appetite on waking? List any likes, dislikes, and food allergies or sensitivities. List any foods you crave or are averse to?

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**5. Wind or indigestion.** Give any details about burping and or gas in the system, frequency, when this occurs and odour. List any sensations you feel in the abdomen, stomach or throat.

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**6. Thirst.** List drinks throughout the day, preferred drinks, whether you sip or gulp or drink normally and your thirstiest time of the day.

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**7. Bowels.** Describe the function of your bowel habits. Is it regular each day? Any diarrhea or constipation, and when these occur. Any odour to the stool? Consistency? Pain? Bleeding?

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**8. Urine.** What is the frequency, odour and colour? Any pain or bleeding? Additionally for men, please mention if you have any degree of erectile dysfunction.

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**9. For women.** Menstrual cycle regularity, duration, flow description. Any clots, pain or cramps? Also PMS or other symptoms associated with the period i.e. headaches, constipation, tiredness, mood swings or libido function. Have you had any miscarriages, or terminations? Please mention the number of children you have, and what their births were like.

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**10. Back joints and extremities.** Any aches and pains, what type of pain, where does it originate and/or extend to?

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