

Naturopathy at West Perth Osteopathy

AT WEST PERTH OSTEOPATHY WE ARE PASSIONATE ABOUT THE FUNDAMENTAL PRINCIPALS OF NATURAL HEALTH AND BELIEVE THAT INDIVIDUALS HAVE THE CAPACITY FOR OPTIMAL HEALTH AND WELLBEING.

Naturopathy is a preventative practice which assesses and assists with conditions of both body and mind. Naturopathic medicine sees conventional health sciences integrated with natural therapies and traditional medicines to balance a patient's mental, emotional and physical states.

Effective in the treatment of both acute and chronic health conditions, naturopathic treatment has a strong emphasis on the prevention of health issues and disorders.

Our Naturopath assists with a wide range of health conditions from acute to chronic.

We aim to alleviate your current health issues, address the underlying causes, and support your ongoing wellness by using a preventative approach. We use a holistic and evidence based approach to naturopathy, enhancing the natural healing response with a combination of:

- Clinical nutrition,
- Dietary modifications,
- Lifestyle advice,
- Mineral/Vitamin supplementation,
- Herbal medicine,
- and more.

Naturopathy is suitable for everyone.

Because of its holistic nature, individuals of all ages, with all varieties of health issues and conditions, may benefit from naturopathic care.

Some conditions that may benefit from naturopathic care include:

- Sport and Peak Performance
- Stress and Mood Disorders
- Thyroid Disorders
- Immune Support
- Children's Development & Behaviour
- Wellness and Healthy Aging
- Weight Management
- Digestive and Gut Support
- Musculoskeletal & Anti-inflammatory
- Cardiovascular Support
- Fatigue and Weakness
- Male Support
- Fertility Management
- Environmental Illnesses
- Allergy & Respiration
- Cancer Support

Diane Pascoe

Diane's naturopathic care emphasises the importance of addressing underlying issues predisposing individuals to a range of health conditions, from acute to chronic, and not just alleviating symptoms.

Utilising specialised functional testing and assessments, Diane is able to fully evaluate your health, enabling treatment to be tailored to the individual for best outcomes.

With over twenty years of experience, Diane works with an integrated approach to naturopathy, working closely with other health professionals to enhance patients' healing response and to optimise treatment.

Paediatric Patient Information – 0-16 years

Date: _____

We appreciate your patience in fully completing this confidential questionnaire. Your information will be kept strictly private according to clinic policy. The information is necessary in assisting us to provide the best care and will not be divulged to any other person without your prior consent.

Child's Name: _____ D.O. B. _____

Parents' Names: _____ Siblings: _____

Birth Weight: _____ Current Weight: _____

Parents' Email: _____

Address: _____

Parents' Contact Number/s: (H/M): _____ (W) _____

G.P. &/or Paediatrician's Name & Location: _____

Private Health Fund: _____

Is your child taking any medications/natural supplements? Y N If yes, please specify: _____

How did you find out about West Perth Osteopathy?

Friend/Relative. Please specify _____

Yellow Pages Printed Yellow Pages On-Line Our Website Google

Natural Therapy Pages Signage Australian Osteopathic Association (AOA)

Professional (e.g. GP, Podiatrist), Please specify _____

PATIENT HEALTH INFORMATION

What is your reason for attending the clinic? _____

Have you seen any other health care practitioners for these problems? Y N

If so, whom? _____. When was your child last seen & what were the results of treatment?

Is your child under the care of any other health care practitioners? _____

Does/has anyone in your immediate family suffer from, *Please circle*

Arthritis	Heart Problems	Coeliac	Diabetes	Learning Difficulties	Epilepsy
Vision/Hearing Difficulties	Allergies	Crohn's	Mental Health Concerns	Asthma	
Kidney Disease	Developmental Delay	Autism Spectrum Disorder	ADHD	Other	

Length of pregnancy: _____

Please circle all that apply:

Hospital Birth Home Birth Vaginal Delivery Caesarean Epidural Induction
 Forceps/Vacuum Breech Position Jaundice Meconium Antibiotics (Mother/Baby)

Please explain any events/complications during pregnancy or birth: _____

PRE & POST-NATAL MEDICAL HISTORY – *Please indicate any problems below*

<i>Mother's Health During Pregnancy</i>	Y	N	<i>Please explain, if ticked YES</i>
Nausea			
Over the Counter Medicines			
Alcohol Consumption			
Prescription Medicines			
Bleeding			
Physical / Emotional Trauma			
Recreational Drugs			
Depression			
Supplements			
Diabetes			
Smoking			
Exercise			
Stress			
Illness			
Other			

Natural or Assisted Conception (e.g. IVF)? _____

Describe the patient's health in the first month. Please circle all that apply:

Coughing/Wheezing Frequent Infections Ear Infections Colic Anaemia
 Reflux/Vomiting Constipation/Diarrhoea Heart Murmur Eczema Thrush
 Epilepsy/Seizures Other

MEDICAL HISTORY – Please indicate any problems below

	Y	N	Please explain, if ticked YES
Nerve, Muscle, Bone, Joint Problems e.g. growing pains, headaches			
Heart, Lungs, Respiratory, Circulation Problems e.g. asthma			
Eyes, Ears, Nose, Throat Problems e.g. ear infections, recurring colds/coughs			
Kidney, Bladder, Urinary or Genital Problems e.g. Bedwetting, constipation			
Endocrine/hormonal Problems e.g. Thyroid, diabetes			
Behavioural/Developmental Delay			
Mood or Stress disorder e.g. Depression, Anxiety			
Bowel, Digestive Issues e.g. Constipation, diarrhoea, reflux, Crohns, Collitis, IBS			

Describe any previous or future surgery or hospitalisations your child has or will have: _____

What accidents have they had in their lifetime (e.g. car, or sporting related)? _____

What illnesses has your child previously had? _____

How would you rate your child's physical health?

Excellent Good Fair Poor Getting Better Getting Worse

How would you rate your child's general mood and/or emotional/mental wellbeing?

Excellent Good Fair Poor Getting Better Getting Worse

IMMUNISATIONS

Please circle all that apply:

Vaccinations to Schedule Selective Vaccination Conscientious Objector

SLEEP PATTERNS

Day sleeps: _____

Night sleeps: _____

Does your child have trouble going to sleep or staying asleep? Yes No, if so, please explain _____

DIETARY INFORMATION

Does your child have difficulty feeding/eating? Yes No, if so, please explain _____

Was the patient breastfed? _____. If yes, for how long? _____

Age solid foods introduced: _____.

Describe your child's appetite: _____

Are there any known food allergies or intolerances? If yes, please explain: _____

Child's favourite foods: _____

Child's least favourite foods: _____

Child's average diet:

	DAY 1
Breakfast	
Lunch	
Dinner	
Snacks	
Beverages	
Water (ml per day)	

LIFESTYLE INFORMATION

Exercise/Hobbies: _____

Screen time (hours per day): _____.

Recently renovated / moved house in last 3 years? _____

INFORMED CONSENT TO NATUROPATHIC CARE

Naturopathy is a holistic approach to wellness and disease. Naturopaths assess each individual as a whole, considering physical, emotional and spiritual aspects, which may be affecting overall health and wellbeing.

Different approaches may be used during course of treatment. These modalities are, but not limited to, nutritional supplements, herbal medicine, homeopathy, flower essence therapy, individualised diets and lifestyle counselling. There are, however, risks associated with any treatment, and I am required to inform you of these. Please read the following carefully and write down any questions you may have.

It is very important that you inform your Naturopath of any diseases you may be suffering from and all medications (nutritional supplements, herbal supplements, over-the counter or prescription) that you are taking. Also, if you are pregnant, suspect you are pregnant, trying to fall pregnant, or breastfeeding. It also is important you take prescribed medications by your naturopath according to the prescription, and seek further advice if unsure.

I hereby request and consent to naturopathic care by Diane Pascoe and/or any other Naturopath working in this clinic authorised by Ray Power.

I understand, and am informed, that possible health risks associated with naturopathic care include, but are not limited to, aggravation of pre-existing symptoms during the healing process and possible reactions to herbal or nutritional supplements such as allergies, gastrointestinal disturbances and increases in blood pressure.

I do not expect the Naturopath to be able to anticipate and explain all risks and complications and I wish to rely on the Naturopath to exercise judgement during the course of treatment, which the Naturopath feels at the time, based upon the facts known, is in my best interest.

I have read the above, and I have also had the opportunity to ask questions about its content.

I intend this consent form to cover the entire course of treatment for my present condition, and for future condition(s) for which I seek treatment. I understand I can withdraw my consent at any time.

I _____ understand that the time I book with my practitioner/s
Patient's Name
is specifically reserved for me. Therefore **I must give 24 hours' notice to change/cancel appointments;
otherwise a cancellation fee will be applied.**

This enables us to offer your appointment to other patients who require treatment.

You will receive a courtesy reminder the day prior to your appointments.

I do **not** wish to receive the (quarterly) Clinic Newsletter or any other clinic news/articles of interest via email.

▪ **Diane Pascoe**
Dip. Applied Science (Naturopathy)
Dip. Herbal Medicine
Dip. Homeopathy

Patient's Signature

Date