



Adrian Harper **at** **The Wellness Table**

Welcome to our Integrative Wellness clinic.

Congratulations on taking the next step to improved wellness and health!

This intake questionnaire is a comprehensive overview for us to get to know you and what brings you to our clinic and for you to get to know our lead Naturopath Adrian Harper and our practice policies, so together we can grow a symbiotic relationship towards improving your wellbeing.

Naturopath

Adrian Harper is our lead Naturopath. He became personally involved in Naturopathic medicine as part of his own health journey with chronic kidney disease. Through this experience he gained an understanding of the healing power of natural medicine and has harnessed a special interest in chronic kidney disease and chronic renal fatigue.

Adrian utilises a range of modalities including nutrition, herbal medicine, food as medicine and lifestyle medicine. He provides an integrative approach towards your health, liaising with medical and allied health practitioners to ensure the best outcomes for the client.

Adrian has completed a Bachelor of Health Science (Naturopathy) and a Master of Public Health. He has also lectured in Naturopathy and Nutrition at Tertiary levels.

Fee Structure

Consultation fees are based on the length of the consultation.

Unfortunately Medicare rebates are not available for Naturopathy consults. Express consults are available for script renewals or results discussions.

Consultation Type	Duration	Fee
Initial Consult	60 mins	\$250
Follow up	30 - 45 mins	\$165
Express consult	15 mins	\$82.50

Cancellation policy: Failure to attend follow up appointments without 2 business days notice will incur the full attendance fee. This has been implemented as missed appointments sacrifice the opportunity for other committed clients to see Adrian.

Appointment Types

Clients can consult with Adrian for face to face appointments in Kew or via telehealth. Zoom consultations require an authorization for credit card details to be kept on the clinics file so that consultations can be automatically billed post consultation. Alternatively a pre-payment can be made before the consultation. This is done to streamline the online consultation process.

Herbal Supplements

Adrian may prescribe a treatment regime that includes herbs and supplements. These may be available in house at the clinic for your convenience. Clients who consult via Zoom can have supplements mailed out.

Clients are under no obligation to purchase these therapeutic supplements in house and can choose to source them externally. However, we take no responsibility for the quality of products purchased elsewhere.

Refund policy – Unopened products within expiry can be returned for a full refund 14 days from purchasing from our dispensary. Unfortunately herbal tonics are tailor made and cannot be refunded. If you are having any issues with a treatment regime, please communicate this to our reception staff.

Ordering & Collection process - Supplements and herbal tonics can be collected in person from our Kew clinic or mailed via Australia Post (postage costs are passed onto the recipient). To re-order products, email us requesting the specific products and how you would like to receive them (Kew collection/mail out) and we will send you an invoice prior to preparation of products. If Adrian requires a review consult prior re-prescribing, we will advise you. Australia post can take 7-10 days. A tracking code will be emailed so you can monitor its progress. After 10 days if you haven't received your parcel, please follow up with Australia post via the tracking code before contacting us.

Contact Us

Feel free to contact us on (03) 9859 0652 or via email at info@dranjana.com for any queries. It is preferable that you email us and we will be able to get back to you.

Feedback

We value your feedback as a valuable tool to further improve our clinic. Please direct any feedback whether positive or negative to manager.dranjana@gmail.com

Client Details

Name

Date of Birth

Mailing address

Contact Details

Mobile

Email

Emergency Contact

Mobile

Relationship

How did you find us:

Adrian Harper Website

Dr Anjana Website

Social Media

SIBO website

Mould Forum / Website

Word of Mouth

Who

Practitioner Referral

Who

Google Search

Keywords used

Client Acknowledgement

I have read and accept the above policies regarding consultation. I am attending the clinic of my own free will and accept the details in the above document.

Your Signature:

Your name:

Date:

Health Information

What are your primary health concerns?

What are your goals in reviewing with Adrian Harper?

Please list any allergies or intolerances (food, pharmaceutical, supplements):

Medical History Timeline

List any illnesses, surgeries, hospitalizations, periods of medication use, known environmental exposures or travel sickness. List by age, from early childhood to present. Feel free to attach a separate word document with details.

Medications & Supplements

Please list all current supplements & medication (include brand and product name, dose and date commenced).

GUT Symptoms

Select symptoms that you currently or previously have experienced.

Low appetite	Current	Past
Reflux / heartburn	Current	Past
Bloating after meals	Current	Past
Bloating upon waking	Current	Past
Abdominal pain	Current	Past
Diarrhoea	Current	Past
Constipation	Current	Past
Mucous in stool	Current	Past
Blood in stool	Current	Past
Haemorrhoids	Current	Past
Food allergy / intolerance / sensitivity	Current	Past

Past Digestive Investigations

Coeliac Genotype (HLA DQ-DR)	Not tested	Negative	Positive
Coeliac Antibody Test	Not tested	Negative	Positive
Urea Breath Test for Helicobacter Pylori	Not tested	Negative	Positive
Stool Multiplex – Parasitology	Not tested	Negative	Positive
Endoscopy - past 5 years	Yes		No
Colonoscopy - past 5 years	Yes		No
Comprehensive Stool Analysis / Microbiome Assessment	Not Tested		Tested
SIBO Breath Testing (Lactulose / Glucose / Fructose)	Not Tested		Tested

Food Sensitivities / Intolerances

Gluten	Dairy	Sugar	FODMAPS	Fructose
Histamine	Oxalates	Salicylates	Sulphur	Soy
Egg	Nuts	Meat Allergy		

Daily Diet

Please summarize your daily diet.

Breakfast	Lunch	Dinner

Snacks – Morning	Snacks – Afternoon	Snacks - Evening

Drinks (including alcohol)

GENERAL Symptoms

Energy	Excellent	OK	Erratic	Poor
Allergies	Allergies	Eczema	Psoriasis	Rosacea
Mood	Low mood	Depression	Anxiety	Mood swings
Immunity	Recurrent infections	Traveller's diarrhoea	Illnesses whilst travelling	
Sleep	Difficulty falling asleep	Difficulty staying asleep		
Endocrine (Men)	Low libido	Low muscle mass	Erectile dysfunction	Hair loss
Endocrine (Women)	Breast pain	Breast lumps	Breast implants	Hot flushes
	Irregular Cycle	No periods	Heavy periods	PMS

	Menstrual clots	Vaginal discharge	Painful intercourse	Low libido
	Vaginal dryness	Night sweats	Bacterial vaginosis	Thrush
Cardio-Metabolic	High blood pressure	Low blood pressure	Palpitations / arrhythmia	
	Swelling of ankles	Poor circulation	Varicose veins	
	Fatigue after eating	Sugar cravings	Salt cravings	
Urinary	Frequent urination	Urgent urination	Large volumes of urine	
	Incontinence	Blood in urine	Kidney/lumbar pain	
	Past kidney stones	Past kidney infections	Past urinary tract infections	
	Difficulty urinating	Burning when urinating		
Ears, Nose & Throat	Ear infections	Noise sensitivity	Hearing loss	Tinnitus
	Sinusitis	Nasal congestion	Post nasal drip	Hay fever
	Sore throat	Light sensitivity	Floater in eyes	Dry eyes
	Blurred vision	Itchy eyes		

ENVIRONMENTAL Assessment

If you have suspected mould biotoxin-illness, CIRS, Lyme disease/tick-born infection, chronic fatigue syndrome, or neurological illness please complete this section.

Please complete a Visual Contrast Screening test at www.vctest.com prior to your appointment. Send the pdf report or a screen shot of results to info@dranjana.com prior to your appointment.

Tick any symptoms you experience.

Poor concentration	Poor memory	Static shocks	Fatigue
Confusion	Difficulty finding words	Disorientation	Vertigo
Headache	Light sensitivity	Muscle aches/pains	Weakness
Abdominal pain	Excessive thirst	Metallic taste in mouth	Diarrhoea
Shortness of breath	Sinus congestion	Cough	
Frequent urination	Excessive thirst	Varying appetite	
Red eyes	Blurred vision	Mood swings	
Sweats	Ice-pick pain	Difficulty regulating body temp	
Cramps/joint pain	Morning stiffness	Burning/numbness/tingling in hands & feet	

Itching	None	Slight	Moderate	Severe	Overwhelming
Difficulty sleeping	None	Slight	Moderate	Severe	Overwhelming
Restless legs	None	Slight	Moderate	Severe	Overwhelming
Feeling anxious	None	Slight	Moderate	Severe	Overwhelming
Feeling Depressed	None	Slight	Moderate	Severe	Overwhelming
Changes in skin	None	Slight	Moderate	Severe	Overwhelming
Diarrhoea	None	Slight	Moderate	Severe	Overwhelming
Numbness hands/feet	None	Slight	Moderate	Severe	Overwhelming
Chest pain	None	Slight	Moderate	Severe	Overwhelming
Haemodialysis - problems with access site			Yes	No	
Peritoneal dialysis - problems with your catheter site			Yes	No	

Please note any other current symptoms associated with chronic kidney disease and rate intensity

Have you been advised by your specialist/dietician to make any of these dietary restrictions:

- | | | | | |
|---------|-----------|-------------|-----------------------|----------|
| Protein | Potassium | Phosphorous | Sodium / Salt | Oxalates |
| Fluid | Sugar | Purines | High GI Carbohydrates | |

Further comment regarding diet and diagnosed Chronic Kidney Disease