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## Example of **History Results** for client Jane Starbright

Note that for confidentiality reasons the clients name is not mentioned and an ID is used instead. In addition even though this report is primarily designed so the client can read it and follow guidelines and recommendations, the discussion is also aimed at other consulting doctors and health care practitioners – hence the client is spoken about in the third person. A practitioner of Nutritional Medicine, seeks to systematically work through uncovering underlying dysfunctions including predisposing **antecedent** factors, **triggers** that suddenly initiate severity of symptoms and **mediators** that maintain the disease process or symptoms.

### **A full Nutrition Health Assessment addresses the following**

- **Medical** problems
- Key personal **historical** features contributing to or indicating a nutrition related illness
- **Family history** features contributing to or predisposing a nutrition related illness
- **Anthropometric** data contributing to or indicating a nutrition related illness
- Key **physical** signs with nutritionally related indications
- Discussion on current **dietary** intake and possible problem areas
- Discussion on **laboratory pathology results** with nutritionally related indications
- Summary of key **nutritional insufficiencies** and problems found from above areas
- Proposed **dietary intervention** and rationales  
(references included where possible)
- Proposed **nutrient supplementation** and rationales  
(references included where possible)

#### • **Medical problems and History**

For each of the specific disease conditions observed or diagnosed, the following points are considered:

Identification of underlying **dysfunctional metabolic pathways** and their role in actively contributing to the particular disease or condition in this patient. Identification of **predisposing antecedent factors** involved in the particular disease. Identifying possible **triggers** that may have initiated the disease process or condition and/or suddenly initiate severity of symptoms at the present time. In addition which pathways are operating to maintain or **mediate** the disease process. The reason for all this detective work is of course

to provide best possible treatment options.

**Main presenting complaints and History** as follows:

Client code - **JS**, Female, Age 59 (2009), Caucasian with Caucasian Australian grandparents and born in Brisbane, Australia.

**Breathing difficulty** - every day - ranges from extremes like being confined to bed (4 times per year) to managing it during the day. Dx. with **Brochiectasis** at 19yrs (1972) and with **adult onset Asthma** in 2005. Lung function tests and skin prick tests were used. Has had breathing difficulty since 5 yrs old after contracting measles and another unspecified infection. Asthma comes and goes but smoke sets it off along with eating prawns. Dx with **dust mite and mould allergy** in 2005. (presumably IgE based). In 2003 went to Singapore and contracted severe chest infection - SARS was prevalent at time although SARS was not Dx. and antibiotics given for 2-3 weeks. Expressed feeling "different after this infection" and Asthma symptoms started to develop after that. Has had **eczema** since a baby although has now stabilised and has had **frozen shoulder** for past 4 months. **Stress level high** at present but feels like "managing it at the moment." Psychological issues and several emotional shocks in last few years. Develops eczema reaction from Penicillin.

At 19yr Dx. With Brochiectasis and ALSO had child just born (1 yr old). At 25yrs has chest infection - hospitalised - antibiotic therapy given. At 26yrs operation - fallopian tubes tied and then at 32yrs had ligation reversal operation - unsuccessful but no complications. Has had 3 IVF tries with last in 1989. At 28 divorced and suffered grieving for 4 years after - in shock- and **Dx. with glandular fever** at this time - lost about 12kg weight. At 31 remarried. Lived in Honk Kong from 1987 – 1990. **Dx. With Pseudomonas infection** from sputum test 1994 (42yrs) . Car accident in 1996 (44yrs), sore neck. **Dx. with Polymyalgia Rheumatica** in 2004 but symptoms have now gone.

**Has had 2 heart episodes**. One in 2006 (54yrs) chest pain but NAD then in 2008 **Atrial Fibrillation episode** - VERY severe.

Exposed to parrots and finches every day as work activity in addition to computer work and cleaning duties around home. Mould and fungi exposure - extensive and constant. Exposure to weed spray - glyphosate 360 once per month. Feels emotionally stressed about twice per week. Drinks Tank water not filtered. Minimal traffic and pollution near home.

**Gynaecological and womens health:** Contraception - copper ring, Depo provera injects in past. Hysterectomy at 47yrs. Mammogram in March 2009, Bone density study in December 2009.

Number of children: 1 born 24/06/1977 and 8lbs and during pregnancy suffered weight gain, ankle swelling and morning sickness and breast fed child for 6 weeks. On hormone therapy for 2 yrs then stopped 4 years ago.

Numerous antibiotic treatments, yeast infections, sweet cravings, food allergies and has had food poisoning. Consumes moderate alcohol on a regular basis. Has never smoked. Drinks coffee but reacts to strong perfumes and car fumes. Overseas travel trips include Asia, UK, US and NZ.

**Adolescence** - Overweight and no strict diet, Tonsillectomy at 12yr, Frequent colds/flu and

bronchitis. Antibiotics used frequently from 7yr old. Developed brochiectasis after measles. Chickenpox. Appendicitis at 15yrs. **Childhood:** Breach birth and paralysed for 4 days and Breast-fed. Mother diet was omnivore and no processed foods during pregnancy.

**Current Medications** - **Symbicort 400** last 3 yr twice/day, **Bricalanyl 500** last 3 yrs at usually 1/day, **Ciproxin 750mg** - not current but very regular over long peroid 4-5 doses this year at 14 day dose, Staloral Immunotherapy for 3 yrs sublingual drops 5/week for Dust Mites

**Previous Medications** - Lots of **antibiotics** in 2003-2004, and in 2006 started prednisone and in 2008 taking **prednisone, lipitor and aspirin** and also Alvesco, Bricanyl, Rulide, Nasonex, Atrovent.

**Nutritional supplementation** - Calcium Ascorbate gr/day, Calcium carbonate 1250mg/day, Vit D 10,000IU 4/week, Mag Biocomplex 4/day, flaxseed oil caps 1000mg 2/day

**Genetics and FAMILY HISTORY:** - Indications of following from family member illnesses – Diabetes, High Blood Pressure, Heart Disease, Asthma, Bowel and Breast Cancer and Arthritis and Stroke.

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It is a sample of the work carried out on a real client during a full Nutrition Medicine Health Assessment and treatment. It is designed to highlight the attention to detail and individualised care given to each client during an assessment. It is not intended to help in any form of self diagnoses or self treatment.

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