Welcome to Seed!

The Naturopaths at The Seed Concept aim to support your health and wellness goals with the highest level of care and commitment. Your health journey is an ongoing commitment and we are here for you! After identifying the underlying factors using pathology testing and dietary analysis, your Seed consultation will provide an assessment of your health and design a treatment program that ensures you reach your goals.

The Seed Concept aims to help all women achieve their optimal health potential and is dedicated to supporting and educating each and every woman to help them understand about the impact that nutrition and lifestyle can have on their health and hormones and inspire them to live their very best life.

Seed is also dedicated to promoting the health of future generations by advocating preconception health care and helping women to conceive with optimal health and happiness.

The advantages of The Seed Concept:

- ✓ University-qualified & experienced naturopaths working collaboratively with your doctor/specialist
- ✓ Realistic and achievable nutrition plans and suggestions
- ✓ A variety of appointment times to suit you – from home!
- ✓ Concise and individualized treatment plans emailed to you after every appointment
- ✓ Express post parcels sent directly to you with recommended supplements
- ✓ Affordable health care which is accessible for everyone regardless of location

How it works:

- Initial appointment – involves a full case history and dietary analysis. You will be prescribed any necessary supplements and a written treatment plan with lifestyle tips and meal suggestions that addresses both your short and long term goals.
- 2nd appointment – usually two weeks later is a follow up from initial appointment, full diet analysis & recommendations (including recipes as required), referrals for additional pathology and recommendations to appropriate practitioners, as required.
- 3rd appointment – usually four weeks later - assessment of pathology results, dietary changes, implementation of full treatment protocol which takes into account underlying causes
- 4th appointment – usually four weeks later - integration of all test results, dietary changes and treatment protocols.

Please fill out the attached questionnaire and email it back prior to your appointment.

We look forward to working with you!

With love from Belinda & The Seed Concept Team (Joanne, Kate and Kirrily) xx

The Seed Concept @ Double Bay Wellbeing Centre
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Name: _____ DOB: _____

Referred by: _____Today's Date: _____

Skype name: _____

Address: _____

Phone: _____ Email: _____

Occupation: _____

Height: _____ Weight: _____

Name of GP: _____ Suburb: _____

Name of Specialist: _____ Suburb: _____

Specific reason for your appointment and other current health concerns:

1. _____

   _____

2. _____

   _____

3. _____

   _____

Recent pathology/tests/investigations/operations etc:

_____

_____

_____

Have you experienced major stress in the last 12 months? (for example, death in the family, divorce, bankruptcy)

_____

_____

General Health Questionnaire:

Below are a series of health symptoms. Please check boxes with a tick for present symptoms and a cross for past symptoms. Please leave the box blank if you have never experienced this symptom.

Gastro-intestinal	Respiratory	Skin	Cardiovascular
☐ Bloating ☐ Flatulence ☐ Reflux/Heartburn ☐ Indigestion ☐ Nausea ☐ Abdominal pain ☐ Constipation ☐ Diarrhea ☐ Food intolerances	☐ Persistent cough ☐ Sneezing, wheezing ☐ Post nasal drip ☐ Ear infections ☐ Itchy eyes, ears, nose, throat ☐ Sore throat	☐ Slow wound healing ☐ Acne ☐ Psoriasis ☐ Dry, flaky skin ☐ Oily skin ☐ Eczema / skin rashes	☐ Excessive fatigue ☐ Shortness of breath ☐ Easy bruising or bleeding ☐ Palpitations ☐ Dizziness ☐ Varicose veins ☐ High blood pressure ☐ High cholesterol
Immune/Lymphatic	**Sleep**	**Emotional**	**Musculoskeletal**
☐ Poor immunity ☐ Recurrent cold / flu ☐ Hayfever / sinusitis ☐ Fluid retention ☐ Cold sores ☐ Inflammed / bleeding gums ☐ Auto-immune disease ☐ Cancer	☐ Insomnia ☐ Difficulty falling asleep ☐ Waking during night ☐ Waking un-refreshed ☐ Regular dreaming ☐ Night sweats	☐ Depression ☐ Anxiety ☐ Mood swings ☐ Poor memory ☐ High stress levels ☐ Feelings of being overwhelmed or unable to cope	☐ Headaches ☐ Migraines ☐ Muscle aches or cramps ☐ Joint pain ☐ Restless legs ☐ Muscle weakness
Endocrine	**Urinary / Renal**	**Male hormone balance**	**Female hormone balance**
☐ Fatigue / poor energy ☐ Recent weight gain ☐ Heat / cold intolerance ☐ Hair falling out ☐ Abdominal weight gain ☐ Thyroid disorder	☐ Excessive urination ☐ Frequent urination ☐ Pain with urination ☐ Incontinence ☐ Bloody, cloudy or smelly urine☐ Urinary tract infection	☐ Low libido ☐ Difficulty starting urine flow ☐ Premature ejaculation ☐ Difficulty maintaining erection ☐ Genital rash or irritation ☐ Painful testicles	☐ Hot flushes ☐ Night sweats ☐ Change in menstrual cycle ☐ Dry hair, skin or vagina ☐ Low libido ☐ Excessive libido ☐ Bleeding after intercourse ☐ Infertility ☐ Miscarriage
Pre-menstrual symptoms (women only)	**Menstrual symptoms (women only)**	**Sexual Health**	**Lifestyle**
☐ Depressed or teary ☐ Anxious or irritable ☐ Feeling aggressive or angry ☐ Breast tenderness ☐ Food cravings ☐ Fluid retention/bloating ☐ Back pain ☐ Abdominal pain ☐ Headaches or migraines	☐ Long intervals between cycles ☐ Cycles longer than 32 days ☐ Cycles shorter than 24 days ☐ Heavy blood flow or flooding ☐ Passing of blood clots ☐ Very light blood flow ☐ Spotting before or after bleed ☐ Period pain	☐ Thrush ☐ Genital herpes ☐ Sexually transmitted disease ☐ Irregular pap smear ☐ Painful intercourse ☐ Burning or itching pain on genitals	☐ Smoker _____ / day ☐ Passive smoker ☐ Coffee _____/ day ☐ Tea _____/ day ☐ Alcohol _____ /week ☐ Recreational drugs ☐ Exercise ___ / week ☐ Excessive plane travel ☐ Radiation exposure ☐ Pesticide / herbicide exposure ☐ Bleach and ammonia use (cleaning) ☐ High stress levels

Please list any health concerns of family members including siblings, parents and grandparents:

_____

_____

_____

_____

_____

Current medications (including dosage):

_____

_____

_____

_____

Current supplements (dose and brand):

_____

_____

_____

_____