# Anita Rossiter

**BSc, BAppSci(MedRad), GradDip(HumanNutrition)**

**Shop 2, Rosslyn Bay Resort, Rosslyn, QLD, 4703**

**Phone: 0411 816 521**

**Email: anita@eatand3veg.com.au**

Thank you for expressing interest in a consultation. This letter gives relevant information for your consideration. Please return the attached information and we will organise a health history consultation. Confidentiality is always maintained.

## *About this practice*

Anita graduated from post-graduate human nutrition studies at Deakin University in 2014 following a 15 year career in diagnostic medical imaging (Nuclear Medicine and Positron Emission Tomography) in Melbourne, London and Tasmania. While studying nutrition, she also trained as a health coach which is where she quickly discovered that there is much more to optimal health than just food. Following completion of her studies, she became a qualified practitioner with MINDD Foundation which is focused on child health especially the mind-gut health connection. In practice however the interest quickly diversified to include the whole family!

She has a very keen interest in highly sensitive people both children and adults and loves to work with them holistically to look beyond some of the issues (mental health, mood disorders, gut disturbances, food sensitivities) that may be preventing them reaching their brilliance.

## *Services provided:*

*CONSULTATIONS:*

- Nutritional assessment and advice for existing health issues
- Addressing specific dietary queries
- Integrate and liase with GP's to make sustainable changes to diet and lifestyle

*COACHING:*

- One on one health and nutrition coaching.  Beneficial if troubled by any of the following:
    - Weight gain/inability to lose weight
    - Fatigue
    - Hormonal disturbances
    - Autoimmunity
    - Candida
    - Mood disorders
    - Anxiety, depression
    - Bloating
    - Skin rashes
    - Food sensitivities
    - Gut issues
- Helping holistically to help you reach your brilliance

# HEALTH HISTORY

**Name:** _____ **Date:** _____

**DOB:** _____

**Address:** _____

_____

**Email:** _____

**Phone Number:** _____

**What are your main reasons for attending this appointment?**

_____

_____

_____

**Medical Background:**

Blood Group (if known) _____

Allergies _____

Please list any operations you have had

_____

_____

Do you have/ have you had any significant illnesses?

| | | | |
|---|---|---|---|
| Diabetes | Y / N | Liver Disease | Y / N |
| Thyroid Disease | Y / N | Blood Disorder | Y / N |
| Hypertension | Y / N | Arthritis | Y / N |
| Heart Disease | Y / N | Cancer | Y / N |
| Depression | Y / N | Chronic Fatigue | Y / N |
| Severe Gastro | Y / N | Chronic Ear Infections | Y / N |
| Asthma | Y / N | Eczema | Y / N |

How is / was the health of your parents? _____

_____

How were you born? Natural Birth Caesarean

How were you fed? Breastfed (How long?_____)Formula Fed

Did you require antibiotics in your first year of life? Y / N

How was your health as a child?

_____

_____

_____

_____

REVIEW OF SYMPTOMS/HISTORY

| | **Do you suffer from……** | Yes / No further info |
|---|---|---|
| Digestive | Heartburn or reflux | |
| | Bloating after meals | |
| | Constipation | |
| | Burping or passing wind | |
| | Diarrhoea or loose stools | |
| | Nausea | |
| | Stomach ulcers or pain | |
| | Gall Bladder Problems | |
| Lung | Pneumonia or Bronchitis | |
| | Wheeze | |
| Immune system | Boils | |
| | Cold Sores | |
| | Conjunctivitis | |
| | Ear Infection | |
| | Genital Infection | |
| | Sinus Infection | |
| | Mouth Ulcers | |
| | Sore throat | |
| | Thrush | |
| | Tonsilitis | |
| | Urinary Infection | |
| Skin, hair, nails | Acne or pimples | |
| | Brittle nails | |
| | Dry eyes | |
| | Dry mouth | |
| | Dry skin | |
| | Early greying of hair | |
| | Eczema or dermatitis | |
| | Hair loss | |

| | | |
|---|---|---|
| | Psoriasis | |
| | Rashes | |
| | Sore or cracked lips | |
| | Tinea or ringworn | |
| | Stretch marks | |
| | White spots on nails | |
| | Warts | |
| | White spots on skin | |
| Women’s hormonal | Breast lumps or cysts | |
| | Breast tenderness | |
| | Endometriosis | |
| | Fibroids | |
| | Ovarian cysts | |
| | PMS/PMT | |
| | Been on HRT | |
| | Been on oral contraceptive | |
| Sleep | Disrupted sleep | |
| | Insomnia | |
| | Snoring | |
| | Waking up exhausted | |
| Nervous/muscular | Anxiety or agitation | |
| | Irritability | |
| | Migraine | |
| | Headache | |
| | Poor night vision | |
| | Gout | |
| | Dizziness or vertigo | |
| | Facial twitching | |
| | Restless legs | |
| | Fits or seizures | |
| | Blurred vision | |
| | Leg, foot or hand cramps | |
| | Depression | |
| | Memory loss | |
| | Chronic pain | |
| | Muscle pain | |
| | Mood swings | |
| | Muscle weakness / heaviness | |
| | Pins and needles / numbness | |
| | Poor concentration | |
| | Poor balance | |
| | Tinnitus (ringing in the ears) | |
| | Tremor of the hands | |

How much water do you drink? _____

What is your salt intake? _____

Do you drink tea, coffee or caffeinated drinks? How often?

_____

Do you or have you ever smoked? _____

How much alcohol do you drink? _____

Are you taking any prescription medications?

_____

_____

_____

Are you taking any vitamins/supplements? Please list……

_____

_____

_____

What role does sport and exercise play in your life?

_____

_____

How is your sleep? _____ How many hours? _____ Do you wake? Y/N

Do you follow a particular way of eating? (Vegetarian, gluten-free etc?)

_____

What foods did you eat often **as a child**?

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Drinks: _____

What is your food like **lately?**

Breakfast:_____

Lunch:_____

Dinner:_____

Snacks:_____

Drinks:_____

Will family and/or friends be supportive of your desire to make food and/or lifestyle changes? Y / N

Do you cook? Y / N

What percentage of your food is home cooked? _____

Where do you get the rest? _____

Do you crave sugar, coffee, cigarettes or have any major addictions?

_____

The most important thing I should change to improve my health is:

_____

_____

Thank you for completing this questionnaire.

Warm Wishes, Anita Rossiter