



Wholistic Natural Health

Innate Immunity

FHS
FUNCTIONAL HEALTH SYSTEMS

Date **Practitioner**

Client Name **Referred by**

Client Information

Home Phone **Mobile Phone** **Email Address**

Address

City **State.** **Post code**

Occupation

DOB **Gender**



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Main concerns

Have you had these problems treated before? Did anything change? Were your blood tests normal? Did you feel heard?

All of this information is important: we do not guess what the body needs, we go by the information you provide to help you reach your health potential.

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IMMUNE SYSTEM



Have you ever been diagnosed with an autoimmune disease?



Have you ever had asthma, allergies since childhood or acid reflux? Please specify when.



Have you developed allergies or intolerances later in life or seasonal allergies such as hayfever?



Have you ever been diagnosed with a virus? When were you diagnosed? (i.e. Mono, Epstein-Barr, Herpes, chickenpox/shingles, mumps?)



When stressed, do you experience: cold sores, hives, shingles, post nasal drip, nasal congestion, chronic fatigue or any other symptom?



HORMONE

Any sleep disturbances?



When you wake up in the morning do you feel energized or do you feel you want to sleep longer?



Do you feel tired regardless the amount of hours you sleep?



Do you get cravings for sugar OR salt? Please specify.



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Do you have difficulty losing and/or gaining weight regardless of diet/exercise regimen you follow?



THYROID

Do you get cold hands/feet?



Do you easily gain weight?



Do you experience constipation?



Do you have history of high cholesterol?



Did your doctor test for TSH, T3, T4 and antibodies?



Did your doctor investigate gut and immune?





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ESTROGEN (for females)



Have you ever been diagnosed with PCOS? Fibroids? Endometriosis?



Do you have history of migraines?



Do you experience hair loss? Low sex drive? Hot flashes?



What age did you get your first period?



What was the flow of that first period like? Clotting? Heavy? Light?



Do you get hives around your cycle?



Have you experienced irregular menstrual cycles?



Are you getting hair in unwanted places, face, chin, body?



If in menopause, what age did that begin?



BLOOD SUGAR

Have you ever been diagnosed with Diabetes?



Do you frequently get thirsty?

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Do you frequently feel the urge to urinate? Do you feel tired/fatigued after a meal? OR Do you feel energized after a meal?



Do you feel "hangry" in the morning before breakfast? (Hungry and angry)



TESTOSTERONE (for males)

Do you urinate frequently and/or have difficulty urinating?



Do you suffer from baldness?



Do you have difficulty gaining muscle weight when working out?



Do you have difficulty losing weight?



Do you experience low sex drive?



DIGESTION

Do you experience gas and/or bloating after eating?



How do you feel after taking probiotics? Any problems?



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Have you been diagnosed with stomach ulcers or gastritis? SIBO (*Small Intestinal Bacterial Overgrowth*)? Candida? Depression? ADHD?



Do you experience skin itching/irritation frequently?



Have you recently been experiencing food sensitivity/allergies to food not previously experienced?



Do you have any skin conditions? (i.e. psoriasis, eczema, rosacea, acne, etc.)



Do you tolerate alcohol badly?



How do you feel after taking Kombucha tea?



TRIGGERS, ALLERGENS, EXPOSURES

Have you lived in, worked in or travelled to a space with mold (past or present)?



If so, when and for how long were you exposed?



Do you have white spots (no pigmentation or low pigmentation) on the skin?



Do you have any reactions to foods? (Eg. Dizziness, nausea, diarrhoea, skin irritation, discomfort)



Do you get red cheeks when drinking alcohol?

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Are you sensitive to light, smells, chemicals, medications or sound? If so, what is the response you have and to what?



Are any health conditions, experiences (traumatic, childhood, food triggers or other) not previously listed on this form?



Do you experience problems with:

Coffee

Dairy

Green Tea

Red Wine

Grapes

Mushrooms

Dark Chocolate

Apple Cider Vinegar

TRADITIONAL MEDICINE

List of medications



What do you take them for?



Do they help alleviate symptoms?



Do they create new symptoms? If so, what?



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ALTERNATIVE MEDICINE

List of supplements



What do you take them for?



Do they alleviate symptoms?



Do they create new symptoms? If so, what?



SURGERIES

Any history of surgeries? If so when? Why was this performed?





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TIMELINE

It is important to know when and in what order things occurred to get to the underlying cause. Please list in chronological order (from birth to today) what has happened. Include if you were a natural birth or C section. Breast or bottle fed. Viruses and other infections. Surgeries. Experiences. And any other information you have put in this form or may have forgotten. No item is too unimportant.

Were you a natural birth or C- section?

Were you breast or bottle fed?

Were you sick as a child? Did you get fevers or allergies when sick?

Did you have recurrent sore throats, ear infections or stuffy nose growing up?

Do you get sick now when stressed? Are these infections treated with antibiotics or other treatments?

*Please timeline this all...





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Adverse Childhood Experience (ACE) Questionnaire

This Questionnaire will be asking you some questions about events that happened during your childhood; specifically the first 18 years of your life. The information you provide by answering these questions will allow us to better understand problems that may have occurred early in your life and allow us to explore how those problems may be impacting the challenges you are experiencing today.

This can be very helpful in the success of your treatment.

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often:

Swear at you, insult you, put you down, or humiliate you?

Or

Act in a way that made you afraid that you might be physically hurt?

Yes No If Yes, enter 1 _____

2. Did a parent or other adult in the household often:

Push, grab, slap, or throw something at you?

Or

Ever hit you so hard that you had marks or were injured?

Yes No If Yes, enter 1 _____

3. Did an adult or person at least 5 years older than you ever:

Touch or fondle you or have you touch their body in a sexual way?

Or

Attempt or actually have oral, anal, or vaginal intercourse with you?

Yes No If Yes, enter 1 _____

4. Did you often feel that:

No one in your family loved you or thought you were important or special?

Or

Your family didn't look out for each other, feel close to each other, or support each other?

Yes No If Yes, enter 1 _____

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5. Did you often feel that:

You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
Or

Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

Yes No If Yes, enter 1 _____

6. Were your parents ever separated or divorced?

Yes No If Yes, enter 1 _____

7. Were any of your parents or other adult caregivers:

Often pushed, grabbed, slapped, or had something thrown at them?

Or

Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?

Or

Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

Yes No If Yes, enter 1 _____

8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?

Yes No If Yes, enter 1 _____

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

Yes No If Yes, enter 1 _____

10. Did a household member go to prison?

Yes No If Yes, enter 1 _____

ACE SCORE (Total "Yes" Answers): _____



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Emotional Inflammation Assessment Form

Please check the appropriate letter on all questions following.. There are 4 reactor types and you may feel you resonate with one or more triggers listed, that is normal and every point is important to flag if you resonate with it. Pick the closest answer, it may not be exact but whatever you even hover over will help with this section

When you are driving somewhere, commuting, walking the dog, taking a shower or doing something else that doesn't require conscious thought, and your mind wanders, where might it go?

- A. I may imagine worst case scenarios that could happen with issues I am worried about in my personal life or in the world at large.
- B. I might start thinking about what I could or should do to try to exert more control in my life.
- C. I tend to feel irritated with others or frustrated with the human race in general and want to express those feelings.
- D. Usually I just think about getting through the day, if I go beyond that, I might fantasise about how I can protect myself beyond the conflict and hostility around me.

When you think about what worries or pre-occupies you the most, what are you naturally inclined to do?

- A. I am likely to start to feel on edge or rattled and get overly anxious about even minor stressors.
- B. I get busy thinking of ways to deal with the problem and get others to do the same by getting involved in actions that address the issue.
- C. I may become testy and lash out at others more easily over seemingly minor transgressions.
- D. I would probably plan ways to comfort myself later by doing something that's easy like binge watching favourite shows, hanging out with a pet or engaging in another chill out activity.

What are some of the most common themes in your dreams these days?

- A. Apocalyptic themes or scenarios about getting lost or stuck in a dark or deep place or being surrounded by threatening or untrustworthy people.

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- B. Driving and the brakes stop working properly or a sense that time is running out or that things are falling in me.
- C. Being wronged, demeaned, or bullied, or getting back at others for the wrongs they have committed.
- D. Floating in a calm ocean and seeing land from afar but not wanting to approach it.

When you're stressed, what kinds of situations or activities tend to make you feel worse?

- A. Talking to people who have similar worries. Hearing other people's fears and anxieties ratchets up my own.
- B. Being told to slow down and relax, especially by people who fail to see the urgency behind some of the issues I care about.
- C. Being around people who challenge my beliefs and values, or my take on current events.
- D. Feeling judged as lazy or anti-social when I retreat or need personal time.

When you read the newspaper or see the news or online news feeds and find out about the latest scandal, crisis, or threat, how do you typically respond?

- A. I feel nervous and find it difficult to deal with events that disrupt my sometimes-fragile equilibrium.
- B. I tend to feel revved up because I feel like I have to be hyper-vigilant in order to stay on top of what's going on. I am likely to keep checking for updates.
- C. I get P.O.ed about what a dangerous circus the world has turned into and may become antagonistic toward people who challenge me.
- D. I vow to avoid those reports and find myself withdrawing from people and activities to conserve my personal energy.

When you first wake up in the morning, what thoughts and feelings typically go through your mind?

- A. I often have a vague sense of foreboding about what the day will bring and a fear that I don't have enough stamina to meet the demands I'll face.
- B. I need to pop out of bed and get started on my to-do list ASAP, so I can avoid the tsunami of issues that may amp me up.
- C. I often focus on the injustices and misbehaviour of the day before that made me feel disrespected or even outraged.

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D. I usually want to roll over and go back to sleep.

When you think about the world 10 years from now, what does it look like?

- A. It seems dark and frightening, with more storms, floods and fires and increasingly dysfunctional society and troubled political leadership.
- B. It looks frantic and chaotic. People should be bust creating plans and stock piling provisions for survival.
- C. It seems increasingly violent and mistrustful because political institutions have abdicated their responsibility for protecting us and people are looking out for themselves.
- D. Honestly, I do just about anything to avoid thinking about it.

When you imagine hosting a large family dinner after a hectic week, what thoughts come to mind?

- A. I start stressing out about whether the food will be good enough and whether everyone will get along.
- B. Thoughts fly through my mind about cleaning up the house, setting the table, envisioning the menu and competing other tasks and I feel like I'm on a runaway train.
- C. I might feel resentful that once again, I', going to be doing a disproportionate amount of the work physically or emotionally.
- D. I start thinking about how to get out of various tasks that are required, I have a 'what's the point' feeling.

When you hear about bad things such as a life-threatening illness or a serious accident happening to people you care about, what feelings typically go through your mind?

- A. I often feel like danger is getting too close for comfort and the protective layers in my life are wearing away.
- B. I tend to push my feelings aside and swing into 'what needs to be done' mode.
- C. I often wrestle with feelings about how unfair life is.
- D. I tend to focus on the randomness of life which makes me want to take cover to protect myself.

When you're in a social situation that's discorded with your political, parental or personal values, how do you typically react?

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- A. I want to change or neutralise the topic of the conversation to avoid conflict.
- B. I might unleash a laundry list of injustices and other problems that disprove their assertions.
- C. I might get confrontational and question other people's judgment or morals.
- D. I might disengage in that moment and consider not spending time with these people in the future.

When you find out about a new highly destructive storm, horrifying crime against humanity or other upsetting event, how do you generally feel physically?

- A. Vulnerable or afraid.
- B. Jittery and amped up.
- C. Hot and tense.
- D. Depleted or exhausted.

When you consider whether your inner aspirations and the realities of your external life reflect each other or are in sync, what are you inclined to feel?

- A. Uneasy and insecure.
- B. Pressured and impatient.
- C. Cheated and disillusioned.
- D. Discouraged and wistful.

Count up how many A's, B's, C's and D's you selected.

_____ A _____ B _____ C _____ D

If you chose mostly A's: you are a nervous reactor.

If you chose mostly B's: you are a revved-up reactor.

If you chose mostly C's: you are a molten reactor.

If you chose mostly D's: you are a retreating reactor.

These reactor types correlate with your health presentation, this information is vital to help in the RCA process.



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Neurotransmitter Assessment Form

Please check the appropriate number on all questions following. 0 as the least/never to 3 as the most/always.

Section A

Is your memory noticeably declining?

- 0
- 1
- 2
- 3

Are you having a hard time remembering names and phone numbers?

- 0
- 1
- 2
- 3

Is your ability to focus noticeably declining?

- 0
- 1
- 2
- 3

Has it become harder for you to learn new things?

- 0
- 1
- 2
- 3

How often do you have a hard time remembering your appointments?

- 0
- 1
- 2

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3

Is your temperament generally getting worse?

0

1

2

3

Is your attention span decreasing?

0

1

2

3

How often do you find yourself down or sad?

0

1

2

3

How often do you become fatigued when driving when compared to the past?

0

1

2

3

How often do you walk into rooms and forget why?

0

1

2

3

How often do you pick up your phone and forget why?

0

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- 1
- 2
- 3

Section B

How high is your stress level?

- 0
- 1
- 2
- 3

How often do you feel you have something that must be done?

- 0
- 1
- 2
- 3

Do you feel you never have time for yourself?

- 0
- 1
- 2
- 3

How often do you feel you are not getting enough sleep or rest?

- 0
- 1
- 2
- 3

Do you find it difficult to get regular exercise?

- 0
- 1
- 2
- 3

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Do you feel uncared for by the people in your life?

- 0
- 1
- 2
- 3

Do you feel you are not accomplishing your life's purpose?

- 0
- 1
- 2
- 3

Is sharing your problems with someone difficult for you?

- 0
- 1
- 2
- 3

Section C

How often do you get irritable, shaky, or have light-headedness between meals?

- 0
- 1
- 2
- 3

How often do you feel energized after eating?

- 0
- 1
- 2
- 3

How often do you have difficulty eating large meals in the morning?

- 0

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- 1
- 2
- 3

How often does your energy level drop in the afternoon?

- 0
- 1
- 2
- 3

How often do you crave sugar and sweets in the afternoon?

- 0
- 1
- 2
- 3

How often do you wake up in the middle of the night?

- 0
- 1
- 2
- 3

How often do you have difficulty concentrating before eating?

- 0
- 1
- 2
- 3

How often do you depend on coffee to keep yourself going?

- 0
- 1
- 2
- 3



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How often do you feel agitated, easily upset and nervous between meals?

- 0
- 1
- 2
- 3

Section 1

Are you losing interest in hobbies?

- 0
- 1
- 2
- 3

How often do you feel overwhelmed?

- 0
- 1
- 2
- 3

How often do you have feelings of inner rage?

- 0
- 1
- 2
- 3

How often do you have feelings of paranoia?

- 0
- 1
- 2
- 3

How often do you feel sad or down for no reason?

- 0

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- 1
- 2
- 3

How often do you feel like you are not enjoying life?

- 0
- 1
- 2
- 3

How often do you feel you lack artistic appreciation?

- 0
- 1
- 2
- 3

How often do you feel depressed in overcast weather?

- 0
- 1
- 2
- 3

How much are you losing your enthusiasm for your favourite activities?

- 0
- 1
- 2
- 3

How much are you losing your enjoyment for your favourite foods?

- 0
- 1
- 2
- 3



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How much are you losing your enjoyment of friendships and relationships?

- 0
- 1
- 2
- 3

How often do you have difficulty falling into deep or restful sleep?

- 0
- 1
- 2
- 3

How often do you have feelings of dependency on others?

- 0
- 1
- 2
- 3

How often do you feel more susceptible to pain?

- 0
- 1
- 2
- 3

How often do you have feelings of unprovoked anger?

- 0
- 1
- 2
- 3

How much are you losing interest in life?

- 0
- 1
- 2

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Section 2

How often do you have feelings of hopelessness?

0

1

2

3

How often do you have self-destructive thoughts?

0

1

2

3

How often do you have an inability to handle stress?

0

1

2

3

How often do you have anger and aggression under stress?

0

1

2

3

How often do you feel you are not rested, even after long hours of sleep?

0

1

2

3



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How often do you prefer to isolate yourself from others?

- 0
- 1
- 2
- 3

How often do you have unexplained lack of concern for family and friends?

- 0
- 1
- 2
- 3

How easily are you distracted from your tasks?

- 0
- 1
- 2
- 3

How often do you have an inability to finish tasks?

- 0
- 1
- 2
- 3

How often do you feel the need to consume caffeine to stay alert?

- 0
- 1
- 2
- 3

How often do you feel your libido has decreased?

- 0
- 1
- 2

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How often do you lose your temper for minor reasons?

0

1

2

3

How often do you have feelings of worthlessness?

0

1

2

3

Section 3

How often do you feel anxious or panicked for no reason?

0

1

2

3

How often do you have feelings of dread or impending doom?

0

1

2

3

How often do you feel knots in your stomach?

0

1

2

3

How often do you have feelings of being overwhelmed for no reason?

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- 0
- 1
- 2
- 3

How often do you have feelings of guilt about everyday decisions?

- 0
- 1
- 2
- 3

How often does your mind feel restless?

- 0
- 1
- 2
- 3

How difficult is it to turn your mind off when you want to relax?

- 0
- 1
- 2
- 3

How often do you have disorganized attention?

- 0
- 1
- 2
- 3

How often do you worry about things you were not worried about before?

- 0
- 1
- 2
- 3



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How often do you have feelings of inner tension and inner excitability?

- 0
- 1
- 2
- 3

Section 4

Do you feel your visual memory (shapes and images) has decreased?

- 0
- 1
- 2
- 3

Do you feel your verbal memory has decreased?

- 0
- 1
- 2
- 3

Do you have memory lapses?

- 0
- 1
- 2
- 3

Has your creativity decreased?

- 0
- 1
- 2
- 3

Has your comprehension diminished?

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- 0
- 1
- 2
- 3

Do you have difficulty calculating numbers?

- 0
- 1
- 2
- 3

Do you have difficulty recognising objects and faces?

- 0
- 1
- 2
- 3

Do you feel like your opinion about yourself has changed?

- 0
- 1
- 2
- 3

Are you experiencing excessive urination?

- 0
- 1
- 2
- 3

Are you experiencing a slower mental response?

- 0
- 1
- 2
- 3



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Section 5

A decrease in mental alertness?

- 0
- 1
- 2
- 3

A decrease in mental speed?

- 0
- 1
- 2
- 3

A decrease in concentration quality?

- 0
- 1
- 2
- 3

Slow cognitive processing?

- 0
- 1
- 2
- 3

Impaired mental performance?

- 0
- 1
- 2
- 3



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An increase in the ability to be distracted?

- 0
- 1
- 2
- 3

Need coffee or caffeine sources to improve mental function?

- 0
- 1
- 2
- 3

Medication history

Please check any of the following medications you have taken in the past or are currently taking.

Noradrenergic and Specific Serotonergic Antidepressants (NaSSAs)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Remeron [®] | <input type="checkbox"/> Zispin [®] | <input type="checkbox"/> Avanza [®] | <input type="checkbox"/> Norset [®] |
| <input type="checkbox"/> Remergil [®] | <input type="checkbox"/> Axit [®] | | |

Tricyclic Antidepressants (TCAs)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Elavil [®] | <input type="checkbox"/> Endep [®] | <input type="checkbox"/> Tryptanol [®] | <input type="checkbox"/> Trepiline [®] |
| <input type="checkbox"/> Asendin [®] | <input type="checkbox"/> Asendis [®] | <input type="checkbox"/> Defanyl [®] | <input type="checkbox"/> Demolex [®] |
| <input type="checkbox"/> Moxadil [®] | <input type="checkbox"/> Anafranil [®] | <input type="checkbox"/> Norpramin [®] | <input type="checkbox"/> Petrofrane [®] |
| <input type="checkbox"/> Thaden [®] | <input type="checkbox"/> Prothiaden [®] | <input type="checkbox"/> Adapin [®] | <input type="checkbox"/> Sinequan [®] |
| <input type="checkbox"/> Tofranil [®] | <input type="checkbox"/> Janamine [®] | <input type="checkbox"/> Gamanil [®] | <input type="checkbox"/> Aventyl [®] |
| <input type="checkbox"/> Pamelor [®] | <input type="checkbox"/> Opipramol [®] | <input type="checkbox"/> Vivactil [®] | <input type="checkbox"/> Rhotrimine [®] |
| <input type="checkbox"/> Surmontil [®] | <input type="checkbox"/> Norpramin [®] | | |

Selective Serotonin Reuptake Inhibitors (SSRIs)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Paxil [®] | <input type="checkbox"/> Zoloft [®] | <input type="checkbox"/> Prozac [®] | <input type="checkbox"/> Celexa [®] |
|---|--|--|--|

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- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Lexapro [®] | <input type="checkbox"/> Esertia [®] | <input type="checkbox"/> Luvox [®] | <input type="checkbox"/> Cipramil [®] |
| <input type="checkbox"/> Fontex [®] | <input type="checkbox"/> Priligy [®] | <input type="checkbox"/> Seromex [®] | <input type="checkbox"/> Seronil [®] |
| <input type="checkbox"/> Sarafem [®] | <input type="checkbox"/> Fluctin [®] | <input type="checkbox"/> Faverin [®] | <input type="checkbox"/> Seroxat [®] |
| <input type="checkbox"/> Aropax [®] | <input type="checkbox"/> Deroxat [®] | <input type="checkbox"/> Rexetin [®] | <input type="checkbox"/> Paroxat [®] |
| <input type="checkbox"/> Lustral [®] | <input type="checkbox"/> Serlain [®] | | |

Serotonin- Norepinephrine Reuptake Inhibitors (SNRIs)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Effexor [®] | <input type="checkbox"/> Pristiq [®] | <input type="checkbox"/> Serzone [®] | <input type="checkbox"/> Dalcipran [®] |
| <input type="checkbox"/> Cyambalta [®] | | | |

Selective Serotonin Reuptake Enhancers (SSREs)

- | | | |
|---|--|---|
| <input type="checkbox"/> Stablon [®] | <input type="checkbox"/> Coaxil [®] | <input type="checkbox"/> Tatinol [®] |
|---|--|---|

Monoamine Oxidase Inhibitors (MAOIs)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Marplan [®] | <input type="checkbox"/> Aurorix [®] | <input type="checkbox"/> Manerix [®] | <input type="checkbox"/> Moclodura [®] |
| <input type="checkbox"/> Nardil [®] | <input type="checkbox"/> Adeline [®] | <input type="checkbox"/> Eldepryl [®] | <input type="checkbox"/> Azilect [®] |
| <input type="checkbox"/> Marsilid [®] | <input type="checkbox"/> Iprozid [®] | <input type="checkbox"/> Ipronid [®] | <input type="checkbox"/> Rivivol [®] |
| <input type="checkbox"/> Propilniazida [®] | <input type="checkbox"/> Zyvox [®] | <input type="checkbox"/> Zyvoxid [®] | |

Dopamine Receptor Agonists

- | | | |
|---|--|--|
| <input type="checkbox"/> Mirapex [®] | <input type="checkbox"/> Sifrol [®] | <input type="checkbox"/> Requip [®] |
|---|--|--|

Norepinephrine-Dopamine Reuptake Inhibitors (NDRIs)

- | |
|---|
| <input type="checkbox"/> Wellbutrin XL [®] |
|---|

D2 Dopamine Receptor Blockers (antipsychotics)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Thorazine [®] | <input type="checkbox"/> Prolixin [®] | <input type="checkbox"/> Trilafon [®] | <input type="checkbox"/> Compazine [®] |
| <input type="checkbox"/> Mellaril [®] | <input type="checkbox"/> Stelazine [®] | <input type="checkbox"/> Vesprin [®] | <input type="checkbox"/> Nozinan [®] |
| <input type="checkbox"/> Depixol [®] | <input type="checkbox"/> Navanc [®] | <input type="checkbox"/> Fluanxol [®] | <input type="checkbox"/> Clopixol [®] |



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- | | | | | |
|--|---|--|--|---|
| <input type="checkbox"/> Acuphase [®] | <input type="checkbox"/> Haldol [®] | <input type="checkbox"/> Orap [®] | <input type="checkbox"/> Clozaril [®] | <input type="checkbox"/> Zyprexa [®] |
| <input type="checkbox"/> Zydys [®] | <input type="checkbox"/> Seroquel XR [®] | <input type="checkbox"/> Geodon [®] | <input type="checkbox"/> Solian [®] | |
| <input type="checkbox"/> Invega [®] | <input type="checkbox"/> Abilify [®] | | | |

GABA Antagonist Competitive Binder

- Romazicon[®]

Agonist Modulators of GABA Receptors (benzodiazepines)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Xanax [®] | <input type="checkbox"/> Lexotanil [®] | <input type="checkbox"/> Lexotan [®] | <input type="checkbox"/> Klonopin [®] |
| <input type="checkbox"/> Valium [®] | <input type="checkbox"/> Prosom [®] | <input type="checkbox"/> Rohypnol [®] | <input type="checkbox"/> Magadon [®] |
| <input type="checkbox"/> Dalmane [®] | <input type="checkbox"/> Ativan [®] | <input type="checkbox"/> Loramet [®] | <input type="checkbox"/> Sedoxil [®] |
| <input type="checkbox"/> Dormicum [®] | <input type="checkbox"/> Serax [®] | <input type="checkbox"/> Restoril [®] | <input type="checkbox"/> Halcion [®] |

Agonist Modulators of GABA Receptors (non-benzodiazepines)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Ambien CR [®] | <input type="checkbox"/> Sonata [®] | <input type="checkbox"/> Lunesta [®] | <input type="checkbox"/> Imovane [®] |
|---|--|---|---|

Acetylcholine Receptor Agonists

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Urecholine [®] | <input type="checkbox"/> Evoxac [®] | <input type="checkbox"/> Salagen [®] | <input type="checkbox"/> Isopto [®] |
| <input type="checkbox"/> Nicotone | | | |

Acetylcholine Receptor Antagonists (antimuscarinic agents)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> AtroPen [®] | <input type="checkbox"/> Scopace [®] | <input type="checkbox"/> Atrovent [®] | <input type="checkbox"/> Spiriva [®] |
|---|---|--|---|

Acetylcholine Receptor Antagonists (neuromuscular blockers)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Tracrium [®] | <input type="checkbox"/> Nimbex [®] | <input type="checkbox"/> Nuromax [®] | <input type="checkbox"/> Metubine [®] |
| <input type="checkbox"/> Mivacron [®] | <input type="checkbox"/> Pavulon [®] | <input type="checkbox"/> Zemuron [®] | <input type="checkbox"/> Anectine [®] |
| <input type="checkbox"/> Tubocurarine [®] | <input type="checkbox"/> Norcuron [®] | <input type="checkbox"/> Hemicholinium-3 [®] | |

Acetylcholine Receptor Antagonists (ganglionic blockers)

- | | | |
|---|--|--|
| <input type="checkbox"/> Inversine [®] | <input type="checkbox"/> Nicotine (high doses) | <input type="checkbox"/> Hexamethonium |
|---|--|--|

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Arfonad[®]

Acetylcholinesterase Reactivators

Protopam[®]

Cholinesterase Inhibitors (reversible)

Aricept[®]

Razadyne[®]

Exelon[®]

Cognex[®]

THC

Carbanate insecticides

Enlon[®]

Prostigmin[®]

Antilirium[®]

Mestinon[®]

Cholinesterase Inhibitors (irreversible)

Echoiophate

Isoflurophate

Organophosphate insecticides

Organophosphate-containing nerve agents

Treatment suggestions

