**MEDICAL DETAILS**

NAME : adrien dupont AGE: 39

Male

Height: 185cm Weight:76kg

1. PRESENT ILLNESS:

 List of present health problems with duration of each:

|  |  |  |
| --- | --- | --- |
| NO | DESCRIPTION | DURATION |
| 01. | Anxiety  | 10 years |
| 02. | Stomach ache | 15 years |
| 03. | Wrist tendinitis  | 1 year |
| 04. | Soar lower back | 2 years |
| 05. | Soar shoulders | 5 years |
| 06. |  |  |

1. A BRIEF DESCRIPTION OF PRESENT ILLNESS:

 How it started and progressed: anxiety came with à difficult period in life. Stomach ache came after an ulcère and stress. Soar back and shoulder and tendinitis came with my sports and work activités

1. UNDERLYING CARDIOVASCULAR, URINARY, NERVOUS SYSTEM RELATED OR INFECTION DISEASES, IF ANY:
2. DETAILS OF MEDICAL INVESTIGATIONS DONE, IF ANY:

No problème seen on any scanner, or bloodtest

1. DETAILS OF TREATMENTS DONE IF ANY:
2. CURRENT MEDICATION: médication for anxiety
3. ALLERGIES IF ANY:
4. STATE OF DIGESTION :

|  |  |  |  |
| --- | --- | --- | --- |
| APPETITE  | NORMAL X  | LESS  | MORE  |
|  |  |  |
| BOWEL HABITS | REGULAR X | IRREGULAR  |  |
|  |  |
| URINE QUANTITY | ADEQUATE X | LESS  | MORE  |
|  |  |  |
| SLEEP  | SOUND  | DISTURBED X  |  |
|  |  |

1. MENSTRUATION:

|  |  |  |  |
| --- | --- | --- | --- |
| Cycle | Regular | Irregular |  |
|  |  |
| Flow  | Normal | Less  | More  |
|  |  |  |
| Associated with  | Pain  | Clots  | Head-ache  |
|  |  |  |

1. MARRITAL STATUS

|  |  |
| --- | --- |
| Married | Single |
|  x |  |

1. DIET

|  |  |  |  |
| --- | --- | --- | --- |
| DIETARY HABITS | VEGETARIAN | NON VEGETARIAN X |  |
|  |  |
| MODE OF INTAKE | REGULAR X | IRREGULAR |  |
|  |  |
| ADDICTIONS IF ANY  | SMOKING | ALCOHOL | OTHERS |
|  |  |  |

1. Other important information if any :

**Daily routine Underline Your Answer**

Get up from bed at………8…Wake up without alarm

Are you rested, happy and alert? Yes…No Varies. X

I go to sleep at …………11….... Do you fall asleep easily? Yes…No X Varies

Du you usually sleep all night without interruptions? Yes…No X Varies

Do you sleep daytime ? Yes…No Varies X

Do you put aside time for yourself every day? Yes…X No Varies

Do you practise any form of relaxation or meditation? Yes

**Apetite – digestion – bowel movement**

Do you empty your bowel daily without difficulty? Varies

At what time? Early morning

Is the stool often: Loose

Do you sometimes have altering constipation – diarrea Yes

Do you have gases or swollen stomach Yes

Do you drink something directly when you get up Yes

Do you feel real hunger – before breakfast? …No

 before lunch? No

 before dinner? No

Do you often feel the urge for something in between meals? Yes

Do you usually eat even if you are not really hungry? Yes

Do you feel heaviness, drowsiness or tired after eating yes

What are your common mealtimes Regular

Breakfast at ………………8.30………...... Lunch at……………………1 pm……..

Dinner at…………8pm……………In between meals ………10am , 5 pm.….. ….…….. ….…..….

**What do you usually eat** (take the last few days as an example)

Breakfast…Bread and honey

Lunch…pasta cheese vegetables, Pie, yoghurt

Dinner… Rice, végétales fruit

Snacks…fruit, chocolate pasteried

What do you drink with food?water

 Between meals? Coffee

If you drink coffee – how many cups a day? 2/3

Is it something that you do not like or do not feel well of?

 pungent

Other ……………………………………………too spicy….…………………………………………

Is there something you especially like ? …cheese

What kind of sweets do you usually eat? Cookies chocolate fruit

Is this with meals or separate? Separate

Do you regularly use: Curd yoghurt cheese milk cream margerine meat egg , yes all of the above

Do you understand English?yes