**MEDICAL DETAILS**

NAME **Magali VERMEGLIO**  AGE **43**

Male **Female**

1. PRESENT ILLNESS:

List of present health problems with duration of each:

|  |  |  |
| --- | --- | --- |
| NO | DESCRIPTION | DURATION |
| 01. | **stress** | **Long time ago** |
| 02. | **bloating** | **3 years** |
| 03. | **transit** | **3 years** |
| 04. | **Food intolerance** | **3 years** |
| 05. | **Irritable bowel** | **3 years** |
| 06. |  |  |

1. A BRIEF DESCRIPTION OF PRESENT ILLNESS :

**Food intolerance (gluten, lactose, squash, some vegetables) and irritable bowel for 3 tears. The blood tests say that this is food intolerance but I think I depends on the stress too.**

**It started after a vertebra fracture and lot of stress in my job**

**My belly is still swollen, I empty my bowel 10 ou 15 times a day and fell always full. I have no diarrea, only very lot of poop**

**DETAILS OF UNDERLYING SYSTEMIC DISORDERS (if any):-no**

1. **CARDIO VASCULAR**
2. **URINARY**
3. **NERVOUS SYSTEM**

1. DETAILS OF MEDICAL INVESTIGATIONS DONE, IF ANY:

**blood tests to detect food intolerance**

**ultrasound**

1. DETAILS OF TREATMENTS DONE IF ANY:

**Diet without food who makes me sick**

**Food supplements : glutamine, ...**

1. CURRENT MEDICATION :

**none**

1. ALLERGIES IF ANY :

**No allergie, only food intolerance**

1. STATE OF DIGESTION :

|  |  |  |  |
| --- | --- | --- | --- |
| APPETITE | NORMAL | LESS | MORE |
|  |  | **X sugar cravings** |
| BOWEL HABITS | REGULAR | IRREGULAR |  |
|  | **Too frequent, too much** |
| URINE QUANTITY | ADEQUATE | LESS | MORE |
| **X** |  |  |
| SLEEP | SOUND | DISTURBED |  |
|  | **X** |

1. MENSTRUATION:

|  |  |  |  |
| --- | --- | --- | --- |
| Cycle | Regular | Irregular | **hormonal IUD** |
| **X** |  |
| Flow | Normal | Less | More |
|  | **X** |  |
| Associated with | Pain | Clots | Head-ache |
| **no** | **no** | **no** |

|  |  |
| --- | --- |
| Married | Single |
| **X** |  |

1. MARRITAL STATUS

10 DIET

|  |  |  |  |
| --- | --- | --- | --- |
| DIETARY HABITS | VEGETARIAN | NON VEGETARIAN |  |
|  | **X but very little meat** |
| MODE OF INTAKE | REGULAR | IRREGULAR |  |
| **X** |  |
| ADDICTIONS IF ANY | SMOKING | ALCOHOL | OTHERS |
|  |  | **chocolate** |

1. Other important information if any :

**I’m a hiking guide. From mai to October, I’m always in mountains, I wake up very early in the morning a do lot of sport and can no always eat what I want. I think I have eaten too much pasta and gluten**

**Daily routine Underline Your Answer**

Get up from bed at **5 ou 6 when I work in mountain, 7 or 8 the rest of the year** Wake up **with alarm**

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

I go to sleep at 23-24h Do you fall asleep easily? **Yes**…No Varies

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

Do you sleep daytime ? Yes…**No** Varies

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

Do you practise any form of relaxation or meditation? **Yoga but no regulary**

**Apetite – digestion – bowel movement**

Do you empty your bowel daily without difficulty? Yes…**No** Varies

At what time? **Early morning After breakfast Before lunch After lunch Evening** Varies **When I’m Ok, I empty my bowel early morning, but when my bowel is disturbed (often) I empty my bowel 10-15 time a day**

Is the stool often: Hard/dry **Loose Soft**/welformed

Do you sometimes have altering constipation – diarrea Yes…**No** Varies

Do you have gases or swollen stomach **Yes**…No Varies

Do you drink something directly when you get up **Yes hot water**…No

Do you feel real hunger – before breakfast? Yes…No **Varies**

before lunch? **Yes**…No

before dinner? **Yes**…No

Do you often feel the urge for something in between meals? Yes…**No**

Do you usually eat even if you are not really hungry? **Yes**…No

Do you feel heaviness, drowsiness or tired after eating **yes**…No

What are your common mealtimes **Regular** / irregular

Breakfast at …**6 or 8 according to the saison**………...... Lunch at…**12**…………………..

Dinner at…**18 or 20 according to the saison** …In between meals ……….….. ….……..

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

Brekfast…**fruit, buckwheat**

Lunch… **vegetables, rice, sometimes fish**

Dinner… **vegetables, rice**

Snacks… **almonds, hazlnuts**

What do you drink with food? **nothing**

Between meals? **Herbal teas**

If you drink coffee – how many cups a day? **No because it makes me nervous**

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

**Fat or fried food.** Tastes: Sweet sour salt pungent bitter astringent

Other ……………………………………………….…………………………………………

Is there something you especially like **? chocolate, rice, milk and cheese (but I don’t drink milk and eat cheese for 2 years because of my bowel trouble)**

What kind of sweets do you usually eat? Cookies icecream sweets **chocolate**  **fruit**  **dried fruits**

Is this with meals or separate? **both**

Do you regularly use: Curd yoghurt cheese milk cream margerine meat fish egg **before my bowel trouble, I used to eat lots of milk and cheese but none for 2 years, and no egg too**