NICCI PARRY
Natural Healthcare

TRUST Method CLIENT INTAKE FORM

Date | Practitioner Name

Client Name | Health Insurance Company Name

Client Information

Home phone number | Mobile | Email address

Address

Town/City | County | Postcode

Occupation/Business Type

DOB | Gender

Referred by? | New Client? (Y/N)

The Schoolmaster's House,
Church Hill, West Hoathly,
RH19 4PW, UK

+447961187699

nicci.parry@gmail.com

NICCI PARRY
Natural Healthcare

Age of 1st migraine attack?	**Trigger of 1st migraine attack?**
Other family members suffer from migraines?	**How many days/month do you have attacks?**
How long does your migraine last on average?	**What's the distribution (in %) per side: (Please estimate a percentage left and right)**
Where do you experience the majority of your migraine pain? (Please describe) • Behind your eye (left) • Above your eyebrow (left) • On the temple (left) • On the back of your head (left) • Nose • Behind your eye (right) • Above your eyebrow (right) • On the temple (right) • On the back of your head (right)	**How painful are your migraine attacks?** **(On a scale of 1-10, with 1 being no pain and 10 being excruciating pain)**
Is your migraine related to changes in the weather? • Always • Sometimes • Never	**Do you wake up at night due to migraine pain?** • Always • Often • Sometimes • Never

The Schoolmaster's House,
Church Hill, West Hoathly,
RH19 4PW, UK

+447961187699

nicci.parry@gmail.com

NICCI PARRY
Natural Healthcare

Have you ever suffered one or more of the following symptoms before or during a migraine attack?

- Vomiting
- Vomiting combined with diarrhoea
- Diarrhoea (without vomiting)
- Watering eyes
- Dizziness
- Swelling of the eyelids
- Problems concentrating
- Numbness in the skin
- Sight disorders (double vision, flashes, zigzag lines, blurred vision, other)
- Nausea
- Sensitivity to light
- Sensitivity to noise
- Muscle weakness
- Increased sweating
- Speech defects
- Loss of consciousness (fainting)
- Increased nasal secretion
- Low blood sugar
- Other, please state…

Do you suffer from increased sensitivity to pain before or during a migraine attack (allodynia)?

- My hair 'feels' painful
- I have to wear my hair down or put it up (remove hairclips, hairbands, etc.)
- I no longer use hair curlers/straighteners
- I sometimes let my hair float in the bath to get some relief from my headache
- I have to cut my long hair off in order to reduce the weight on my scalp
- The feeling of rain/showers/water falling on my head is painful
- I find it painful to wear anything on my head (e.g. hat, glasses)
- Eye shadow is uncomfortable
- I cannot wear headphones during my migraine attack
- During a migraine attack, I find wearing blankets uncomfortable
- My fingers feel painful on contact with everyday items
- My sensitivity to pain has increased over recent years
- Other, please state…

The Schoolmaster's House,
Church Hill, West Hoathly,
RH19 4PW, UK

+447961187699

nicci.parry@gmail.com

NICCI PARRY
Natural Healthcare

What gives you relief during a migraine attack?

- Rest
- Vomiting
- Sport/exercise
- Sleep
- Darkness
- Television
- Warm water
- Cold water
- Music
- Massage
- Reading
- Pain-killers
- Other, please state

What triggers or exacerbates (worsens) your migraine?

- Noise
- Physical exertion
- Irregular or late meals
- Certain foods
- Change of weather
- Smells
- Fatigue (tiredness)
- Too much or too little sleep
- Light
- Stress
- Coughing
- Pain-killers
- Other, please state

If you are a woman, is/was your migraine affected by the following? If so, in what way?

Menstruation (monthly periods)	Please choose... improvement deterioration no change
The contraceptive Pill	Please choose... improvement deterioration no change
Hormone tablets (eg HRT for menopause)	Please choose... improvement deterioration no change
Pregnancy	Please choose... improvement deterioration no change

Have you ever had one of the following conditions?

Stomach ulcers / Asthma / Eczema / Depression / Allergies (including food allergies) / IBS / ulcerative colitis / other gut conditions including stomach bugs or food poisoning (please state)

The Schoolmaster's House,
Church Hill, West Hoathly,
RH19 4PW, UK

+447961187699

nicci.parry@gmail.com

NICCI PARRY
Natural Healthcare

Have you ever been examined and treated by a doctor for your migraines? • Yes • No	**How many times did you see a doctor last year about your migraines?** • None • 1 - 4 • 5 - 10 • more than 10
Do you take medications for your migraines? • Yes • No **If yes, please state...**	**Do these treatments help you?** • Always • Often • Sometimes • Never
Which tests have you had for your migraine? • EEG (electroencephalogram) • CT (Computer Tomography) • MRT • Blood tests • X-ray • ECG	**Which of the following approaches have you used in the past?** • Homoeopathy • Psychotherapy • Relaxation exercises • Mindfulness • Migraine cushions • Cold compact • Hypnosis • Herbal remedies • Nutritional therapy • Acupuncture • Osteopathy • Other (state)
Do you do anything to prevent a migraine attack from occurring? • Music to relax • Muscle relaxation • Exercise • Complementary medicine • Administer local pain relief (gel, cream etc) • Medication • Other (state)	

The Schoolmaster's House,
Church Hill, West Hoathly,
RH19 4PW, UK

+447961187699

nicci.parry@gmail.com

NICCI PARRY
Natural Healthcare

Of the above approaches, have you used any of them consistently for 3+ months? If so, please describe the protocol and how the approach reduced the severity and frequency of migraines	
Have you had any of the following tests done? • HTMA (hair and tissue mineral analysis) • Gut microbiome test • Food intolerance test • Other nutritional test, please state	**If you've had any of the tests to the left done, please describe the results**
How much water do you drink a day? • Less than 1 highball glass (100ml) • 1 - 3 highball glasses (100 – 300ml) • 3 - 8 highball glasses (300 – 800ml) • 8 - 15 highball glasses (800ml – 1.5litres) • 15+ highball glasses (>1.5 litres)	**How much refined sugar do you consume a day?** (Please note refined sugar is in most packaged foods, tins, jars, sugary drinks, sauces, bought salad dressing etc)
How many days were you absent from work last year due to migraines? • Less than 3 days • 4 - 7 days • 8 - 14 days • 15 - 21 days • More than 3 weeks	**How many events or appointments (including nights out, lunches, excursions, holidays, kid's parties etc.) did you miss last year due to migraines?** • Less than 5 • 5 - 10 • More than 10
Thank you for completing this form, please email it as an attachment to nicci.parry@gmail.com	

The Schoolmaster's House,
Church Hill, West Hoathly,
RH19 4PW, UK

+447961187699

nicci.parry@gmail.com