

soma

holistic health



Record Cath Healy

Client D.O.B: 03/12/1971

Created By: Auto

Business: Soma Holistic Health

Created On: 28/09/2023 10:22 am

Activity Date: 28/09/2023 10:22 am

Personal Details

The questionnaire requires a lot of very detailed information. This assists us to identify correlations between your symptoms so we can find the underlying cause/s of your presentations. It can look a little overwhelming but we recommend taking some time out with a cup of tea or coffee and working through the form. There is no pressure to disclose anything which makes you feel uncomfortable.

First Name

Cath

Last Name

Healy

Address

11 Montague Court

City

Everton Hills

State

Qld

Postcode

4053

Email

wellbeing@classyred.com.au

Mobile Phone

0421 160 594

Date of Birth

03/12/1971

Occupation

Paralegal

What is the Main Reason/s for your Visit

remove blocks / steps to move forward positively

Please list any Surgeries you have had (including year)

2006 - LLETZ-loop cervical surgery

2010 - double bunion correction & moretons neuroma removal

2013-2015 - IVF egg retrievals and implants (5 full unsuccessful cycles)

2018 - gall bladder removal

2020 - oral surgery removal of top right molar and top left wisdom tooth

Please list any Medications you take regularly (if none, please write Nil)

currently nurofen and/or panadol for tooth pain

zyrtec during spring for hayfever or as required throughout year

Please list any Supplements you take regularly (if none, please write Nil)

Iodine

Glucosamine

Alkamincalm

Rapid D

Ultra muscleze

Zinc Sustain

Please list any major childhood illnesses, health conditions or accidents (if none, please write Nil)

Glandular Fever in year 12

painful periods until put on pill in 1987 (on pill until 2013 [26yrs] when started IVF)

regular vomiting/reflux until tested for coeliac aged 3 and parents told just fussy eater and would 'grow out of it'

most large teeth filled with amalgam (mercury) fillings by age 8 due to deep fissures and chalky enamel possibly caused by high dose antibiotics in early 70's

Please list any allergies you have (including food, medications or essential oils)

Diagnosed high grade gluten insensitivity

Cows milk protein allergy

Camphor

Ginger

Please list if there is a family history of any medical or genetic health conditions (ie. Cancer, High Blood Pressure, High Cholesterol, Parkinson's Disease, Alzheimer's Disease etc)

Mother - melanoma in late 60's

Paternal Grandfather and Maternal Grandmother - colon cancer after 80yrs age

Maternal Grandmother - dementia

Do You Have a Pacemaker?

No

Are You Currently Pregnant?

No

Have you experienced Kinesiology before?

Yes

How Did You Hear About Soma Holistic Health

Other

Emergency Contact Details

We require these details just in case you suffered a medical episode whilst under our care. The details of your Kinesiology session would not be disclosed.

Name of Person:

Paul & Sally Healy

Relationship

Brother and sister-in-law

Contact Number

0466 245 518 | 0418 988 200

General Medical History

Please select any of the below conditions / symptoms that you have experienced in the past or are experiencing now (can select multiple answers)

Allergies, Digestive Symptoms (further questions are on the following pages), Dizziness/Vertigo, Hayfever, Headaches /Migraines, Insomnia /Sleeping Issues, Sinus pain / Congestion, Skin Conditions (including Eczema or Dermatitis), Stress (chronic), Tiredness / Fatigue

If you selected any of the responses above, please provide some further information ie. Year diagnosed, test results, diagnosis, treatment

allergies listed above - diagnosis during childhood mostly and mid 20's for gluten / dairy
always been a chronic hayfever sufferer, especially during spring in Canberra where dermatitis/
sneezing/wheezing symptoms were all heightened

stress levels have been high since loss of husband in Oct 2021

General feeling of tiredness & fatigue has been since weight gain in last 2 years

Please list any other conditions or concerns not listed above

Chronic lower back issue when at maximum stress levels - worsened by weak core strength.

Was a high performing gymnast (started at 4 through to 16). Tore achilles tendon at 14, struggled to return after 3mths physiotherapy and never replace 6 days a week training once moving to Brisbane from Canberra in 1986 - this has contributed to ongoing decline in physical fitness although muscle memory is still evident when returning to exercise

Mental Health & Emotional Issues

Please select any of the below conditions / symptoms that you have experienced in the past or are experiencing now (can select multiple answers). If you have don't experience any mental health symptoms, please move onto the next section

Brain Fog, Grief (unresolved), Motivation (lack of), Numbness of Feelings/Emotions, Overwhelm (regular)

If you selected any of the responses above, please provide some further information ie. Year diagnosed, test results, diagnosis, treatment

No diagnosis of any - just all symptoms of where I'm at, particular since being primary carer for Drew (husband) for 3 months prior to his death in Oct 2021

Please list any other mental health conditions or concerns not listed above

Please select whether you are under the care of one or more of the following mental health practitioners

Digestive Issues

Please select any of the below conditions / symptoms that you have experienced in the past or are experiencing now (can select multiple answers). If you have don't experience any digestive symptoms, please move onto the next section

Bloating, Coeliac Disease, Gallstones, Weight Gain / Loss (unexplained)

If you selected any of the responses above, please provide some further information ie. Year diagnosed, test results, diagnosis, treatment

Blood tests for coeliac in 2015 - inconclusive and unable to do colonoscopy testing as unable to consume gluten for required period at the time as it made me too unwell. Indicators were that I could be so have adopted a 'mostly' coeliac diet when I'm on track.

Gall bladder removed in 2020 due to 3 chronic gall stone episodes.

Please list any other digestive conditions or concerns not listed above

bloating - eating and feeling overfull.

Possibly anxiety driven but sometimes feel so full I'm unable to take a full breath - often associated with when I'm in a heightened grief state.

Reproductive Issues (Females Only)

Please select any of the below conditions / symptoms that you have experienced in the past or are experiencing now (can select multiple answers). If you have don't experience any reproductive symptoms, please move onto the next section

Fertility Issues, Heavy Periods

If you selected any of the responses above, please provide some further information ie. Year diagnosed, test results, diagnosis, treatment

Fertility only became apparent when I commenced IVF solo. Right ovary never produced follicles.

Heavy periods following conclusion of IVF saw me have a mirena implanted in Jun 2017.

Please list any other reproductive conditions or concerns not listed above

most likely now menopausal - difficult to say conclusively given presence of mirena

Undecided on best course of action in terms of when to remove it.

Structural Issues

If you selected Structural Issues in the first section, please complete this page. Otherwise, scroll down to the next section.

Back Pain (please also mark on diagram below)

Yes

If you answered yes, what would you rate your back pain out of 10 (with 1 being none and 10 being excruciating)

4 /10

Neck Pain (please also mark on diagram below)

Yes

If you answered yes, what would you rate your neck pain out of 10 (with 1 being none and 10 being excruciating)

5 /10

Hip Pain (please also mark on diagram below)

No

If you answered yes, what would you rate your hip pain out of 10 (with 1 being none and 10 being excruciating)

/10

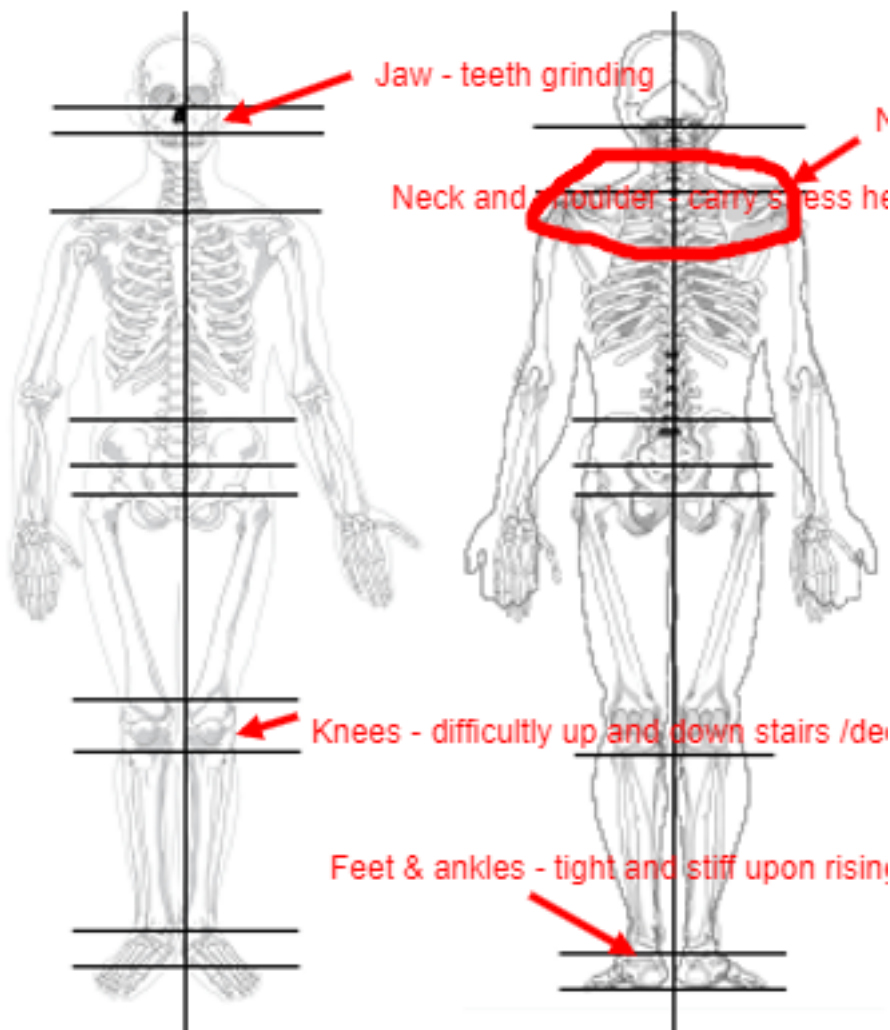
Shoulder Pain (please also mark on diagram below)

Yes

If you answered yes, what would you rate your shoulder pain out of 10 (with 1 being none and 10 being excruciating)

5 /10

Please mark any areas that cause you pain or discomfort. You can colour the affected area or draw an arrow to the injury. You can also add text by selecting the text button and double clicking near the affected area.



Please list any events that resulted in major physical injury ie. car accidents, major falls etc.
falls as gymnast

Please list any other structural conditions or concerns not listed above
flat feet

Viruses

Please select any of the below conditions / symptoms that you have experienced in the past or are experiencing now (can select multiple answers). If you have don't experience any mental health symptoms, please move onto the next section

Coronavirus, Herpes Virus (Cold Sores) (HHV1), Glandular Fever (mononucleosis), Human Papillomavirus (HPV), Measles, Mumps

If you selected any of the responses above, please provide some further information ie. Year diagnosed, test results, diagnosis, treatment

Glandular fever in Year 12

HPV - warts on fingers and legs

Measles & Mumps as child

Coronavirus in 2022

Please list any other viral conditions or concerns not listed above

increasing number of skin tags - under breasts and arms, between thighs - likely due to weight gain

Diet and Nutrition

Please select any of the answers that reflects your current daily food routine (can select multiple answers)

Gluten-free, Dairy-free, Low-carb

Do you crave sugar or sweets?

No

Do you crave salty carbs?

Yes

Do you smoke or vape?

No

How many standard alcoholic drinks do you consume weekly on average?

2-3

How much water do you drink daily on average?

2-3L

Medical Reports and Tests

Please upload any relevant Medical Reports or Tests that will help us to understand your current health condition/s.

Client Consent

I give my consent for Kinesiology treatment, and understand my session is confidential. I understand that I may withdraw this consent either verbally or written at any time.

Yes

Declaration

I declare the information provided in the Client Intake Form is true and correct. To the best of my knowledge, I have disclosed all information regarding my past and present state of health. I understand it is my responsibility to inform my Kinesiologist of any changes to medication, major illnesses, or health conditions in subsequent visits. (Please refer to the Informed Consent form for detailed information relating to consent).

Name

Cath Healy

Signature

A handwritten signature in black ink that reads "Catherine Healy". The script is fluid and cursive, with the first name "Catherine" written in a larger, more prominent hand than the last name "Healy".