# New Client Intake Form

soma holistic health
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| | |
|---|---|
| Name: | Rebel lee |
| Date of Birth: | 09/07/1998 |
| Contact Number | 0437189898 |
| Email Address | rebel_999@live.com.au |
| Address: | 53 Dickson Crescent, North Lakes |

Would you like to receive our monthly newsletter? ☐ Yes ☑ No

I found out about Kinesiology through ○ Friend ○ Google ○ Facebook ◉ Referral ○ Other

| | |
|---|---|
| Reason for visit | |
| Please list any surgeries (including dates) | 2014-2015 - heart surgery, POF in place. |
| Current medications | |
| Current supplements | ashwaganda, 5-HTP, MAGNESIUM, collagen |

Your safety and comfort are our top priority. Please advise us if there are any cultural sensitivities that you would like us to be aware of.

Do you have any internal devices such as a pacemaker? ○ No ◉ Yes

Are you pregnant? ◉ No ○ Yes

Test results (blood tests, pathology, histology, X-Rays, MRIs) provide really great information so if you have any test results please bring them to your appointment

# MEDICAL HISTORY

The medical history provides valuable clues to the underlying cause/s of the symptoms you may be experiencing. Please tick any relevant medical conditions, viruses, vaccinations, mental health and emotional concerns.

## PHYSIOLOGICAL

- [ ] Adrenal fatigue
- [ ] Allergies
- [ ] Arthritis
- [ ] Asthma
- [ ] Auto-immune
- [ ] Back pain
- [ ] Blood Pressure (high/low)
- [ ] Broken bones
- [ ] Cancer
- [ ] Chronic Fatigue Syndrome
- [ ] Chronic Pain
- [ ] Cold/Flu/Fever
- [ ] Coeliac disease
- [ ] Constipation/Diarrhea
- [ ] Crohn's disease
- [ ] Dental condition
- [ ] Diabetes
- [ ] Digestive condition
- [ ] Dizziness/ vertigo
- [ ] Dysmenorrhoea
- [ ] Eating disorder
- [ ] Eczema/dermatitis
- [ ] Endocrine condition
- [ ] Endometriosis
- [ ] Epilepsy/seizures
- [ ] Excessive sweating
- [ ] Fibromyalgia
- [ ] GERD
- [ ] Grave's disease
- [ ] Hay Fever
- [ ] Headaches/migraines
- [x] Heart condition
- [ ] HIV/AIDS
- [ ] Hormone imbalance
- [ ] IBS
- [ ] Insomnia/sleeping issues
- [ ] Joint pain/swelling/stiff
- [ ] Kidney conditions
- [ ] Lime Disease
- [ ] Lupus
- [ ] Lymphoma
- [ ] Multiple sclerosis
- [ ] Muscle tension/cramps
- [ ] Musculoskeletal pain/injury
- [ ] Neck pain/tightness
- [ ] Nervous system issue
- [ ] Numbness/tingling
- [ ] Osteoporosis
- [ ] Peripheral neuralgia
- [ ] PMS
- [ ] POTS
- [ ] Reproductive issues
- [ ] Respiratory issues
- [ ] Scoliosis
- [ ] Sinus pain/congestion
- [ ] Skin conditions
- [ ] Spinal injury
- [ ] Sprains/strains
- [x] Stress
- [ ] Thyroid
- [ ] Tinnitus
- [ ] Tiredness/fatigue
- [ ] Varicose veins
- [ ] Visual impairment

## VIRUSES

- [ ] Chicken Pox/Shingles (HHV3)
- [ ] Adenovirus
- [ ] Avian influenza (bird flu)
- [ ] Coronavirus
- [ ] Dengue Fever
- [ ] Enterovirus
- [ ] Hepatitis A
- [ ] Hepatitis B
- [ ] Hepatitis C
- [ ] Human Herpes Virus 1 (cold sores)
- [ ] Human Herpes Virus 2 (genital herpes)
- [ ] Epstein Barr (HHV4)
- [ ] Cytomegalovirus (HHV5)
- [ ] Human papillomavirus (HPV)
- [ ] Huma parainfluenza virus (croup)
- [ ] Measles
- [ ] Mumps
- [ ] Norovirus
- [ ] Polio
- [ ] Ross River Fever
- [ ] Spike Protein (SARS-CoV-2)
- [ ] Swine Flu
- [ ] Zika virus

## MENTAL HEALTH

- [ ] ADHD
- [ ] Agoraphobia
- [ ] Anxiety (general) incl. panic attacks
- [ ] Bipolar
- [ ] Claustrophobia
- [ ] Depression
- [ ] Dissociation/dissociative disorders
- [ ] Eating disorder
- [ ] Obsessive compulsive disorder (OCD)
- [ ] Paranoia
- [ ] Phobias
- [ ] Post-traumatic stress disorder (PTSD)
- [ ] Psychosis
- [ ] Schizophrenia
- [ ] Sensitivity to light or sound
- [ ] Social phobias/anxiety
- [x] Motivation (lack of)
- [ ] Concentration
- [x] Brain fog
- [x] Memory issues
- [ ] Addiction/substance abuse
- [x] Mood swings
- [ ] Negative thoughts
- [ ] Suicidality

## EMOTIONAL HEALTH

- [ ] Aggression
- [ ] Alienation
- [ ] Anger/Rage
- [ ] Avoidance of feelings
- [ ] Communication issues
- [ ] Despair
- [x] Excessive worry
- [x] Exhausted (emotionally)
- [ ] Fear
- [x] Fear of failure
- [ ] Fear of Success
- [ ] Grief/loss
- [ ] Guilt
- [ ] Hopeless
- [ ] Indifference
- [x] Judgement
- [ ] Loneliness
- [ ] Nervousness
- [x] Overwhelm
- [ ] Panic
- [ ] Rapid weight gain (more than 5 kg)
- [ ] Rapid weight loss (more than 5kg)
- [ ] Relationship issues
- [ ] Resentment
- [ ] Sadness
- [x] Self-doubt
- [x] Self-esteem issues
- [x] Self-image
- [x] Self-worth issues
- [ ] Shame
- [ ] Stubbornness
- [x] Suppression of feelings
- [ ] Terror

## VACCINATIONS

- [ ] Chicken pox
- [ ] Coronavirus (AstraZeneca)
- [ ] Coronavirus (Moderna)
- [ ] Coronavirus (Novavax)
- [x] Coronavirus (Pfizer)
- [ ] Diphtheria
- [x] Flu shot
- [x] Hepatitis B
- [ ] Human papillomavirus (HPV)
- [ ] Measles & Mumps
- [ ] Meningococcal
- [ ] Pertussis (whooping cough)
- [ ] Pneumococcal
- [ ] Polio
- [ ] Rotavirus
- [ ] Rubella
- [ ] Shingles
- [ ] Tetanus

## FAMILY HISTORY (Immediate Family)

| | | | | |
|---|---|---|---|---|
| [x] Cancer | [ ] Self | [ ] Father | [x] Mother | [ ] Sibling |
| [ ] Tuberculosis | [ ] Self | [ ] Father | [ ] Mother | [ ] Sibling |
| [ ] Diabetes | [ ] Self | [ ] Father | [ ] Mother | [ ] Sibling |
| [ ] Heart conditions (incl. blood pressure) | [ ] Self | [ ] Father | [ ] Mother | [ ] Sibling |
| [ ] Parkinson's disease | [ ] Self | [ ] Father | [ ] Mother | [ ] Sibling |
| [ ] High Cholesterol | [ ] Self | [ ] Father | [ ] Mother | [ ] Sibling |

What other forms of therapy do you use to resolve health problems?

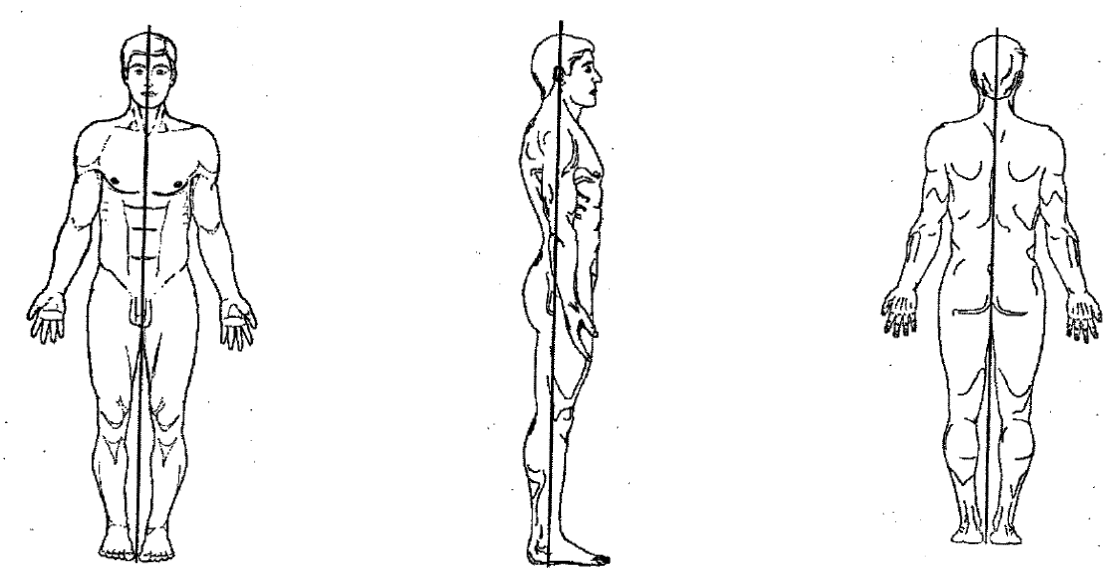
- [ ] Doctor
- [ ] Specialist
- [x] Chiropractic
- [ ] Physiotherapy
- [ ] Acupuncture
- [x] Naturopathy
- [ ] Osteopathy
- [ ] Herbalist
- [ ] Massage
- [ ] Reflexology
- [ ] Psychologist/Psychiatrist/Counsellor
- [ ] Other

Please tick those that best describe your normal daily food routine

- [x] Meat & 3 Veg
- [ ] Vegetarian
- [ ] Vegan
- [ ] Paleo
- [ ] Keto
- [ ] Gluten Free
- [ ] Dairy Free
- [ ] Sugar Free
- [ ] Low-Carb
- [ ] Mediterranean
- [ ] FODMAP
- [ ] Inulin Free
- [ ] Low-fat
- [ ] Diabetic diet
- [ ] Atkin's diet
- [ ] Specialised diet
- [x] Crave sugar/sweets
- [x] Crave salty/carbs
- [x] Regular take out
- [ ] Other

## STRUCTURAL CONCERNS

If you are currently experiencing any structural issues or misalignments, please complete the chart below



| Body Area | Description of Misalignment |
|---|---|
| right hip | misaligned |
| back of neck | |
| | |

Any other information you wish to disclose:

couldn ' t write in ' reason for visit ' ill just disclose here, as i went through a lot of trauma at a susceptible age and deal with the constant ramifications from that daily.

## Client Declaration

I declare that the above information is true and correct. I understand that it is my responsibility to inform my Kinesiologist of any changes to medication and major illnesses or conditions in subsequent visits. I understand and accept that Kinesiology is a complimentary therapy and is in no way diagnostic or curative. I understand and accept that the results of the treatment are not guaranteed in any way.

I understand and accept that any personal information I provide in the Confidential Client Information Form and notes made by the therapist in my Session Records, will remain the property of the clinic and will be securely stored and kept in strict confidence. I am aware that I may request in writing, to view or access copies of the records detailing my personal information, which is held by the clinic.

I understand and accept that my written permission is required to provide consent to any records that detail my personal information, being disclosed to any other party. I am also aware that I am able to view the Privacy Policy of the clinic at any time.

Name: rebel lee

Date: 07/03/23