

CONFIDENTIAL



Energy Reflexology  
anne hilarius ford  
reflexology  
orthopaedic foot mobilization

Date 13/4/23

Name: Lynn Patterson

DOB 04/10/53

Address 9 Triton St Tweed Heads 5th

Postcode: 2486

Tel: AH \_\_\_\_\_

Mob 0403139395

Email address Danyolynn1@gmail.com

Marital status: Widow

No of Children: 2

Emergency Contact: Adrian

Tel number: \_\_\_\_\_

Have you had reflexology before? Y/N - f

Occupation retired

How did you hear about me? Google Facebook Website Friend/family Other

Desired outcome from session: \_\_\_\_\_

GP W Eckett

Last visit 9/4/23

Specialist \_\_\_\_\_

Last visit \_\_\_\_\_

PRESENTING SYMPTOMS OR CONDITION:

Principal diagnosis: Neuropathy, brain fog

Presenting symptoms: \_\_\_\_\_

Operations / Accidents \_\_\_\_\_

Current treatment

N/A

Current medication

Medical cannabis Codeine & paracetamol

Please tick all conditions you have now / have had:

<input checked="" type="checkbox"/>	Abdominal issues
<input checked="" type="checkbox"/>	Allergies
<input checked="" type="checkbox"/>	Arthritis
<input checked="" type="checkbox"/>	Asthma / lung conditions
<input checked="" type="checkbox"/>	Blood clots
<input checked="" type="checkbox"/>	Bone injuries (fractures)
<input checked="" type="checkbox"/>	Cancer / tumours
<input checked="" type="checkbox"/>	Chronic pain
<input checked="" type="checkbox"/>	Depression <u>med</u>
<input checked="" type="checkbox"/>	Diabetes

<input checked="" type="checkbox"/>	Fatigue (Chronic Fatigue)
<input checked="" type="checkbox"/>	Feet problems <u>neuropathy</u>
<input checked="" type="checkbox"/>	Fertility issues
<input checked="" type="checkbox"/>	Headaches / migraines <u>not now</u>
<input checked="" type="checkbox"/>	Hearing disorders <u>floating bone</u>
<input checked="" type="checkbox"/>	Heart, circulatory disorders
<input checked="" type="checkbox"/>	Hernias <u>healed</u>
<input checked="" type="checkbox"/>	High/low blood pressure
<input checked="" type="checkbox"/>	Infectious disease <u>COVID</u>
<input checked="" type="checkbox"/>	Muscle/joint pain <u>arthritis</u>

<input checked="" type="checkbox"/>	Numbness or tingling <u>both feet</u>
<input checked="" type="checkbox"/>	Phlebitis / DVT <u>minor fingers</u>
<input checked="" type="checkbox"/>	Pregnancy
<input checked="" type="checkbox"/>	Rash, tinea
<input checked="" type="checkbox"/>	Reproductive disorders <u>by direct</u>
<input checked="" type="checkbox"/>	Seizures
<input checked="" type="checkbox"/>	Skin disorders
<input checked="" type="checkbox"/>	Sleep disorder <u>not best</u>
<input checked="" type="checkbox"/>	Stroke
<input checked="" type="checkbox"/>	Vision disorders -

Neuropathy - chemo & radiation - bowel cancer  
finished in oct

1 bleed -> colonoscopy ->  
Brain fog - since chemo but better now.

Had hysterectomy when early 60's - endo  
osleo arthritis in lower back - exercise + codeine

## LIFESTYLE

EXERCISE: type / frequency:

a bit

DIET: Vegetarian / low fat / vegan / eating programme / balanced other

Coffee/day: 3

Tea/day: 1

Soft drinks/day: N/A

Water glasses/day: ? 3-6

Cigarettes/day: N/A

Alcohol glasses/day: ? 1-2

Recreational drugs Y N

Height/Weight: Average / under / over

Appetite: poor / excessive / normal

STRESS LEVELS:

work (L) 1 2 3 4 5 (H)

Home (L) 1 2 3 4 5 (H)

SLEEP: Good Average Poor Hours/night 4

PAIN Chest

Abdomen

Lower abdomen

Lower back

Other

BOWEL

Frequency:

Hard / dry

normal ✓

loose / wet ✓

varies. 4 to 5 x day  
on every 2nd day.

PERIODS

Last one, date: 11/7

Regular / Irregular

Painful

Heavy / Light

### Measure Yourself Concerns and Wellbeing (MYCaW) First form

Please write down one or two concerns or problems which you would most like help with:

Concern or problem 1: Neuropathy Brain fog

Concern or problem 2: brain fog.

Please circle a number to show how severe each concern or problem is now:

This should be YOUR opinion, no-one else's.

Concern or problem 1:

0

1

2

3

4

5

6

Not bothering me at all

Bothers me greatly

Concern or problem 2:

0

1

2

3

4

5

6

Not bothering me at all

Bothers me greatly

Wellbeing:

How would you rate your general feeling of wellbeing now? (How do you feel in yourself?)

0

1

2

3

4

5

6

Not bothering me at all

Bothers me greatly

I understand that in accordance with the scope and practice of reflexologists, as well as adhering to regulatory and statutory requirements, it is not the role of the reflexologist to diagnose injury or illness, nor to prescribe medicine.

Signature

Lyn Patten

Date 13/4/23