



New Client Form

Full Name Ebony Cowan Miller

Date of Birth 070485

What is your gender?

Contact Number 0400 661 679

Email Address ejmiller.wa@gmail.com

Address 224 Douglas Avenue
Kensington , Wa , 6151

Occupation Agri business owner & student

Relationship Status

Are you pregnant?

Number of Children 3

Emergency Contact & Number Sheldon Miller 0427647298

Are you currently receiving any other therapies or medical treatment?

Physical Profile

Have you had any major surgeries / accidents?

Please list them & when.
Back injury

Are you currently taking any medication?

Please list them.
lisdexamphetamine, valdoxan, melatonin, ozempic

Are you in any physical pain?

Please list where the pain is, when and how it started and the rating out of 10 (1 = minimal pain - 10 = worst pain)

Back 5, feet 3, neck 2

Do any activities aggravate your pain more?

Life☺ and gym

Have you seen a Doctor or other practitioner for this condition?

Yep

Do you have any medication allergies?

No

How often do you consume alcohol?

Occasionally

How often do you smoke?

Never

Do you use any kind of illegal drugs or have you ever used them?

No

Nutrition Profile

Are you taking any Vitamins or Supplements?

No

How is your diet? Are you allergic to any foods or drinks? If so, what and what happens?

Mostly whole foods, limit dairy, alcohol, caffeine and gluten

How much water do you drink per day? in Litres

Not enough

How often do you exercise and how do you exercise?

3-5 times a week, reformer Pilates and walks

Sleep & Energy Levels

How many hours sleep do you average per night?

5

Do you wake during the night?

Yes

Do you have difficulty falling asleep or staying asleep? If yes, please explain further

Both

How would you rate your stress levels in relation to work? 7 / 10

How would you rate your stress levels in relation to finances? 8 / 10

How would you rate your stress levels in relation to home / living situation? 8 / 10

How would you rate your stress levels in relation to personal relationships? 6 / 10

How would you rate your energy levels? 3 / 10

Health Goals

What are you wanting to work on / achieve with your sessions with Aligned with Grace and how will you know when you've achieved them?

Fatigue, sleep and general wellbeing. Feel like I'm storing a lot of old stress in my body that might be inhibiting me from having the energy I want to live the life I want

Why is this important to you?

As above

What is stopping you from achieving this goal?

Not really sure, but something is. Am trying to work this out, and it's why I'm trying this.

Accepted

Signature

