



# New Client Form

Full Name	Roya Emamy
Date of Birth	23071981
What is your gender?	<div>Female</div>
Contact Number	0423 068 504
Email Address	royae81@gmail.com
Address	196A Flamborough Street, Doubleview Perth, WA, 6018
Relationship Status	<div>Single</div>
Number of Children	1
Emergency Contact & Number	Julian Jackson +61 425 625 685
Are you currently receiving any other therapies or medical treatment?	<div>Yes</div>
Please list them. Physiotherapy Escitalopram 10mg	

## Physical Profile

Have you had any major surgeries / accidents?	<div>Yes</div>
Please list them & when. Caesarean section - 2008 Breast reduction - 2019 Breast reduction - 2020	
Are you currently taking any medication?	<div>Yes</div>
Please list them. Escitalopram 10mg	
Are you in any physical pain?	<div>Sometimes</div>

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

Hips - stiff; 2

Occasionally back spasm (every few years) - can get up to a 9

**Do any activities aggravate your pain more?**

RDLs; weightlifting exercises where feels back is getting pulled

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

Yes

**Do you have any medication allergies?**

Yes

**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?**

Yes

**What kind of drugs? How long have you used/been using them?**

Occasionally have used weed

## Nutrition Profile

**Are you taking any Vitamins or Supplements?**

Yes

**Please list them**

Vitamin D and K

Iron

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

Diet is generally good; sensitive to garlic (very!); onion; lactose. Bloating/ diarrhea/ in case of garlic, cramps

**How much water do you drink per day? in Litres**

2-3

**How often do you exercise and how do you exercise?**

Currently 2x weights training; 1x yoga; 2x clinical pilates weekly

## Sleep & Energy Levels

**How many hours sleep do you average per night?**

8

**Do you wake during the night?**

Sometimes

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

Sometimes - whirring thoughts in my head; have to read a book til actually exhausted and can't keep my eyes open

**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?** 4 / 10

**How would you rate your stress levels in relation to personal relationships?** 4 / 10

**How would you rate your energy levels?** 6 / 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?**

I want to clear any remaining energy that is keeping me "small"; obstructing my progress and/ or is self-limiting

**Why is this important to you?**

Because, it's part of what I want to help others overcome in my work life

**What is stopping you from achieving this goal?**

Just me :)

Accepted

**Signature**

