



New Client Form

Full Name Jordanna Cipriano

Date of Birth 11031994

What is your gender?

Contact Number 0400 866 918

Email Address jordanna.cipriano@outlook.com

Address 2/15 Kinsella St, Joondanna
Perth, WA, 6060

Occupation Remedial Massage Therapist

Relationship Status

Are you pregnant?

Emergency Contact & Number Tania 0400866918

Are you currently receiving any other therapies or medical treatment?

Physical Profile

Have you had any major surgeries / accidents?

Are you currently taking any medication?

Are you in any physical pain?

Do you have any medication allergies?

How often do you consume alcohol?

How often do you smoke?

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

No

Nutrition Profile

Are you taking any Vitamins or Supplements?

Yes

Please list them

Magnesium

Zinc

Vitamin D

Omegas

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

Balanced diet with a focus on whole foods and high protein. No allergies.

How much water do you drink per day? in Litres

4

How often do you exercise and how do you exercise?

Weight training 3-4 x per week

Short run (5-7km) 1 x per week

Long run (15-21km) 1 x per week

Currently training for a half marathon.

Sleep & Energy Levels

How many hours sleep do you average per night?

7-8

Do you wake during the night?

Yes

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

Staying asleep. I tend to wake early before my alarm and just dose, sometimes I have very vivid dreams so it doesn't feel like I'm in a deep sleep.

If I'm feeling anxious or nervous I can have difficulty getting to sleep.

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

7 / 10

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

6 / 10

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

3 / 10

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

3 / 10

How would you rate your energy levels?

8 / 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 am really excited to experience what happens in a session and work on regulating my nervous system and bring a sense of calmness and mindfulness to my body and mind. This may help to reduce any stress, anxiety, bring safety to the body and improve sleep.

Why is this important to you?

It's important because when all of our heightened emotions and thoughts are at bay, our body feels safe. And that's one of the single most important things we can do for ourselves.

What is stopping you from achieving this goal?

It all comes in waves, some weeks are better than others of course and it's usually multifactorial.

Accepted

Signature

A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke extending to the right.