



## New Client Form

**Full Name** Kelly Francis

**Date of Birth** 22061970

**What is your gender?**

**Contact Number** 0429 374 026

**Email Address** kfrancis@iinet.net.au

**Address** 2 Queens Road  
Mount Pleasant, WA, 6153

**Occupation** Domestic goddess

**Relationship Status**

**Are you pregnant?**

**Number of Children** 4

**Emergency Contact & Number** 0417175392

**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?**

**Please list them.**

Thyroxine

**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)**

5

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

No

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

Yes

**Check the conditions that apply to you:**

Hashimotos

**Do you have any medication allergies?**

No

**How often do you consume alcohol?**

Weekly

**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?**

Yes

**Please list them**

Bit D  
Calcium  
Magnesium  
Selenium  
Zinc

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

Gluten free so mostly unprocessed food

**How much water do you drink per day? in Litres** 2

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

Gym heavy weights 2 times a week  
Golf 18 holes 2 times a week

## Sleep & Energy Levels

**How many hours sleep do you average per night?** 6

**Do you wake during the night?**

Yes

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

Yes. Both. Can lie awake for hours

**How would you rate your stress levels in relation to work?** 1 / 10

**How would you rate your stress levels in relation to finances?** 1 / 10

**How would you rate your stress levels in relation to home / living situation?** 1 / 10

**How would you rate your stress levels in relation to personal relationships?** 1 / 10

**How would you rate your energy levels?** 5 / 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?**

Not sure really but feel emotionally blocked.

**Why is this important to you?**

Feel like I can improve myself but feel blocked somehow

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

Self doubt

Accepted

**Signature**

