

Briony Tarling

Herbalist

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Personal Information

Ms	Emma
Middle Name	Gibbons
Spunky diva	0421116674
Ph: Home	Ph: Work
Emmagibbons.retreathairsalon@gmail.com	24/02/1974
37 casey street	
Keperra	QLD
Australia	4054
Hair stylist	<div>Male</div> <div>Female</div> <div>Other</div>

Emergency contact

Kevin	Harding
Mobile phone	Partner

Referral source

How did you hear about this clinic?

Other

Health History

If you have a history of any of the following conditions, please select below.

- ☐ Heart disease
- ☐ Diabetes
- ☐ Asthma
- ☐ Severe weight loss/gain
- ☐ Headaches
- ☐ Autoimmunity
- ☐ Dizziness
- ☐ Pregnant
- ☐ Cholesterol
- ☐ Severe fatigue
- ☐ Bruise easily
- ☐ Blood pressure
- ☐ Night sweats
- ☐ Skin conditions
- ☐ HIV
- ☐ Epilepsy
- ☐ Thyroid
- ☐ IBS
- ☐ IBD
- ☐ Depression

Health history details

If you answered yes to any of the above questions, please provide further information here.

Family history

Please list any conditions that run in your family. e.g hypertension, diabetes, cancers, stroke, depression etc.

Bowel cancer

Surgeries

Please list any surgeries you have had.

Oblation 2024

Medicines/supplements

Please list any medications or supplements, including the reasons you are taking them.

Minoxidil, happy hormones, turmeric tablets

Alcohol consumption

How much alcohol do you consume on a weekly basis?

2 glasses

Smoking/recreational drug use

Do you smoke? When did you start and how often do you smoke?

No

Exercise

What type of exercise do you do and how often?

40 mins per day being
dragged around the
suburb by my boxers

Sleep

How many hours sleep on average do you get?

Approx 9

Stress

How would you rate your stress out of 10 (10 being high)

7

Energy

How would you rate your energy out of 10 (10 being high)

5

Current Complaint

What is the reason for your visit?

Health concerns, menopausal, weight gain

When did the problem begin?	2-4 years ago
What caused the problem?	
What relieves your symptoms?	
What aggravates your symptoms?	
Have you consulted any other health professionals about this problem? If so, please provide details. below.	Kathy Williams. Medicine on Blackwood

List of test results

Treatment consent

I have to the best of my knowledge, provided all relevant information about my health and medical history and I give my full consent to treatment. I intend this consent to apply to all future treatments and I understand that I must update my service provider with any changes that may occur in my medical history.

Cancellation Policy. While I understand things can arise at the last minute, please be courteous and notify us by phone or email if you are unable to attend an appointment with at least 24 hours notice prior to your scheduled appointment. This time can then be assigned to someone else.

☒ I consent to treatment

☒ I consent to receiving SMS and/or email updates, news & offers

Client Name *

Date

Emma Gibbons

16/03/2025

☒ I am the client

☐ I am submitting on behalf of the client