

facial acne - 1-2 years ago

Client Intake Form

Date:

Name: Katie email:

Date of Birth: 19/7/2021 Age: 23 Gender:

Occupation: Nurse Marital Status: Children/ How Many?

Referred by:

Reason for consultation:

anxious + suffer from really bad self image + bloating
numb to emotional events + feel out of touch with
myself

Your Overall Health:

negative self talk about
about self image

Current or previous illness:

Details:	<ul style="list-style-type: none">- mild asthma - childhood- lower abdominal scar
Age it started:	
What was happening in your life when this occurred?	

Stress Level:

Rate out of 10	<u>3/10</u>
What is causing you stress right now?	
Notes	

Energy Levels:

Rate out of 10	<u>9</u>
Wake up refreshed/afternoon slump?	<u>refreshed,</u>
Notes	

kidney infection, UTI,
previous lower back - right-

Current or chronic pain:

Location of pain:	no chronic pain
Rate the pain out of 10	
How long have you had it?	
Type: sharp knife like, dull	
Better or worst with palpation?	
What makes pain better/worse?	
What was happening in your life when it started?	
Notes	sore right knee. - dull ache. gradual

Sleep:

Hours:	10-10.30pm - 7 hour
Sleep: light/average/deep	
Awake: refreshed/tired	fall asleep + stay asleep
Trouble staying asleep:	
Go to toilet during night:	
Difficulty falling asleep:	
Do you get hot at night:	
Notes:	

Menstrual Cycle:

Regular/heavy/light:	on pill
Colour:	
PMT/Pain:	no
Length of cycle	
Clots:	no
Notes	had break though used to have heavy pain

Digestion:

Bloating, reflux, regurgitation:	
Constipation/diarrhoea:	sometimes after consumption
Bowel movements	1 a day
Appetite:	
Notes	bloating, - uncomfortable constipation

eating - resmanie / control what
you eat.

Short term memory,
+ processing skills.
don't cry much

Other info:

Any mental health issues?	anxious - not depression
Previous accidents/injuries/surgeries:	.
Childhood illnesses:	tonsils out.
Birth complications?	C-section - learning.
Any other health conditions/physical symptoms I should be aware of?	

HSV 1

Other Factors:

Exercise - type/frequency	
Medication or drugs (current and past)	
Supplements	
Briefly describe your diet	

Emotional:

How do you want to feel?	
If there was one thing you could change, what would it be?	

Channel	Area/Symptoms	Brief psychology
Lung	Lungs, throat, chest	Grief, guilt, value, connection to spirit, loss
Large Intestine	Face, teeth, nose, throat, shoulders	Holding onto grief, loss, value, guilt, belonging
Stomach	Breasts, quadriceps, abdominals, appetite, bad breath	Excess thinking, trying to meet my needs or other's needs, protective
Spleen	Bloating and damp, or lack of body bulk	Excess thinking, excess giving, needy, unnourished, receiving
Heart	Heart conditions, sleep, emotional disorders, area around T4/5 centre of chest and back	Love, domination and submission, hurt, propriety, joy and elation. Sharing
Small Intestine	Scapula	Expressing the heart and being understood
Bladder	Back, erector spinae, hamstrings, occiput	Control external environment to be safe, driven, withdrawal, never rest
Kidney	Lumbar pain, weak knees, urinary problem	Fear, withdrawal, internal control, driven, stillness, safety
Pericardium	Diaphragm, heart	Opening or Closing off the heart, intimacy, intimate relationships
San Jiao	Intercellular fluid, triceps, heat conditions affecting eyes and ears	External intimate connection, letting people close
Gall Bladder	Piriformis, pelvis, lateral body, parietals	Difficult to make decisions because trying to live up to expectations, courage, stuck
Liver	Pubic region, lateral costal area, vertex of head	Anger, frustration, perfectionist focussed on doing rather than being

great - mum 2 years

get anxious feeling - can't put finger
on it.

started at school -

dyslexic -

exams - full blown panic attacks

fanning a lot.