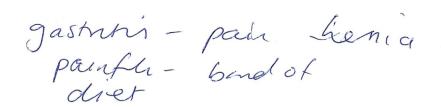
Client Intake Form	Date:
Name: Paroleep	email:
Date of Birth: 24///1989	ge: Gender:
Occupation: NUVIC 1CC	ge:
Referred by:	
Reason for consultation:	
Vacino Provoleto.	prought - what it something
The mad a full to	poonly night ships is went to expense is agent
1 100	a Compare to Page
Your Overall Health: 7 000	no occur no caprinera la agenn
Current or previous illness:  Details:	
	mia. Zyean ago desm. Zyean ago.
Age it started:	
What was happening in your life when this occurred?	
post por study f	6-7/10- undsenato post sud
Stress Level:	6-7/10- morentpm
Rate out of 10	
What is causing you stress right now?	
Notes overhelmed	don't went to ham
Energy Levels:	7/10-
Rate out of 10	
Wake up refreshed/afternoon	Charact die
slump?	charge ace
Notes	Charged diet

A CAR

	Nopain
Comment on alternations in	agin i sharaca hara an xieth
Current or chronic pain:	pain in somach from an xiery
Location of pain:	
Rate the pain out of 10	mus Ce penn in
	hip.
How long have you had it?	1
Type: sharp knife like, dull	
Better or worst with palpation?	Off Scapuler.
What makes pain better/worse? What was happening in your life	
when it started?	
Notes	
Notes	
<i>i</i>	orned about falling asleep nightshi
Sleep:	orrico along participation of the second
Hours:	6-worle
Sleep: light/average/deep	7-8 4au.
Awake: refreshed/tired	
Trouble staying asleep:	
Go to toilet during night:	
Difficulty falling asleep:	
Do you get hot at night:	
Notes:	
Billianna Annual Constant	
Menstrual Cycle:	
Regular/heavy/light:	
Colour:	
PMT/Pain:	
Length of cycle Clots:	
Notes	
Notes	
Digestion:	
Bloating, reflux, regurgitation:	
Constipation/diarrhoea:	
Bowel movements	
Appetite:	
Notes	
,	



46	or	500	*	
 	9-28	9.8	986	

Any mental health issues?	arkely
Previous accidents/injuries/surgeries:	
Childhood illnesses:	
Birth complications?	
Any other health conditions/physical symptoms I should be aware of?	

## **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

crown, heart, solar plescos tear, ment, commection heart, pericardi m, ll

anxiety - fear needs connection pc 6

sacrum rocling
Doubles

Sacrom rocling
Shorlders

any more fast bear rates?

relationship wan fame.

greet of missing home

teach body to feel sate.

checking on anxiety - potector part

use imagination for desired a homes

7.30pm 5.30an mony - Cond scrpton feer dring it alone. Brobene/Money plane - Inchia propendo. 5/5 right

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hore work PC6, check in with anxiety