

Client Intake Form

Date:

Name: Pardeep email:

Date of Birth: 24/11/1989 Age: Gender:

Occupation: Nurse ICU Marital Status: Y Children/ How Many? daughter 7 1/2

Referred by:

Reason for consultation:

anxiety - racing thoughts - what if something happens
racing thoughts.
fear he is going to die
worried about upcoming night shifts

Your Overall Health: I don't want to experience it again

Current or previous illness:

Details:	<u>hiatal hernia - 2 years ago</u> <u>- racing heart</u> <u>hypothyroidism - 7 years ago</u>
Age it started:	
What was happening in your life when this occurred?	

post post study Feb 6-7/10 - 2nd trimester post study

Stress Level:

Rate out of 10	
What is causing you stress right now?	
Notes	<u>overwhelmed</u> <u>don't want to have to see</u>

Energy Levels:

Rate out of 10	<u>7/10</u>
Wake up refreshed/afternoon slump?	<u>changed diet</u>
Notes	<u>cleaned up</u>

Current or chronic pain:

Location of pain:	No pain pain in stomach from anxiety.
Rate the pain out of 10	muscle pain in hyp.
How long have you had it?	
Type: sharp knife like, dull	
Better or worst with palpation?	left scapular.
What makes pain better/worse?	
What was happening in your life when it started?	
Notes	

Sleep:

Hours:	worried about falling asleep. night shifts 6 th work
Sleep: light/average/deep	7-8 hours.
Awake: refreshed/tired	
Trouble staying asleep:	
Go to toilet during night:	
Difficulty falling asleep:	
Do you get hot at night:	
Notes:	

Menstrual Cycle:

Regular/heavy/light:	
Colour:	
PMT/Pain:	
Length of cycle	
Clots:	
Notes	

Digestion:

Bloating, reflux, regurgitation:	
Constipation/diarrhoea:	
Bowel movements	
Appetite:	
Notes	

gastriis - pain kemia
 painfu - band of
 diet

Other info:

Any mental health issues?	anxiety
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 plexus
heart, pericardium, LI

fear, loss, need,
connection

anxiety - fear needs connection
PC 6

sacrum rocking
shoulders

any more fast heart rates?

relationship with father.

grief of missing home
teach body to feel safe.

check in on anxiety - protector part

use imagination for desired outcome

car in morning

7:30pm

5:30am morning - Covid symptoms

fear driving it alone. Brisbane/Sydney
plane - India

propranolol. 5/5 night

- Acknowledgement

- I know is ok.

homework PC 6, check in with anxiety