

Client Intake FormDate: 3/6/25Name: Bec Peten email:

Date of Birth: Age: Gender:

Occupation: Marital Status: Children/ How Many?

Referred by:

Reason for consultation:

Your Overall Health:**Current or previous illness:**

Details:	<u>depression</u>
Age it started:	
What was happening in your life when this occurred?	

Stress Level:

Rate out of 10	
What is causing you stress right now?	
Notes	

Energy Levels:

Rate out of 10	<u>2</u>
Wake up refreshed/afternoon slump?	
Notes	

Current or chronic pain:

Location of pain:	shoulder pain - right side
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	

menopause effect sleep
menx - operation.

Sleep:

Hours:	
Sleep: light/average/deep	constant wake
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	

3 kids

chronic fatigue (7)

growth hormones

POTS - 16 - depression

CRT - primary school - unpredictable

relationship with husband.

needing the money.

Not feeling it was teaching

daughter (2)

2 weeks overdue - traumatic birth

3rd - 600g

hyp displacement - 2 years in hospital.

4-5 headaches. 1 celiac - 2 1/2

doctor - this is just her.

daily injections / weekly injections

dropped out of school mid yr - came off injections

- DOTS.

chicken, meat, bread.

antidepressant - 30

anxiety - right to