



## Angel McFadden

Kinesiology Intake

**Date of birth** 12 Sep 2004

**Practitioner** Danica Marcinek

**Appointment** 17 May 2023, 9:30AM

**Completed** 16 May 2023, 11:35PM

### Personal details

**What's your occupation** Aged care worker

### Treatment Intake Form

**What areas of your life would you like to work with in treatment? Is there a specific issue/ problem you would like to work on? e.g overcoming problems whether physical / mental / emotional / spiritual, or setting and accomplishing goals etc \***

Jealousy, overthinking, stress

**What would be your ideal results/ improvements that you would like to experience?**

Not over thinking, having rational thoughts.

**Please list any other symptoms you have at this current time or that come and go**

Anxiety

**Have you had any serious illnesses and if so, what were they?**

No I don't believe so

**Have you had any past traumas / accidents /surgeries/ childhood illnesses/ stressors and if so, what were they?**

DV between mum and dad, brother abusing me, schizophrenic brother. No s

**Are you taking any medications? Please list current medications, herbs, vitamins, minerals you take, even if you take them occasionally.**

Some type of b12 tablet mum told me would help my anxiety.

**What other treatments have you tried and what were the outcomes?**

Headspace

**Rate your current stress level (5=highest)**

☐ 1 - no stress  
☐ 2  
☒ 3  
☐ 4  
☐ 5 - high stress

**Rate your current energy level (5=highest)**

- ☐ 1 = low / poor  
☐ 2  
☒ 3  
☐ 4  
☐ 5 = high / can't sit down

**Rate your appetite (5=highest)**

- ☐ 1 = no appetite  
☐ 2  
☒ 3  
☐ 4  
☐ 5 = optimal

**Rate your average sleep**

- ☐ Very broken, intermittent sleep  
☐ Less than 5 hours  
☒ 5-6 hours  
☐ 6-7 hours  
☐ 8-10 hours  
☐ more than 10 hours

**Tell me about your average daily water intake**

- ☒ Minimal, less than 2 glasses a day  
☐ 500ml-1L  
☐ 1-1.5L  
☐ 1.5-2L  
☐ 2-3L  
☐ More than 3L

**Rate your current support network**

- ☐ 1 = no or very little support  
☐ 2  
☐ 3  
☐ 4  
☒ 5 = very high support network

**Are you aware of any allergic reactions or intolerances to food /supplements/ products/ chemicals/ pollen/ dust/ fur or other?**

Nope

**How did you hear about us?**

- ☒ Word of mouth / Referral  
☐ Instagram  
☐ Other social media  
☐ Business card  
☐ Google  
☐ Other

## Terms & Conditions

I acknowledge that:

- If I experience pain or discomfort during the session, I will immediately inform my practitioner. I will not hold my practitioner responsible for any pain or discomfort I experience before, during or after the session.
- My practitioner is not qualified to carry out a medical examination, and I agree not to interpret their comments as medical advice.
- My practitioner is not qualified to provide a diagnosis, and I will not consider any advice given as such.
- My practitioner is not qualified to provide natural remedy advice except for those which they have qualifications for. Any guidance

provided is based on direct bio-feedback obtained from the client's mind- body during the session.

- I have stated all my known medical conditions and answered all questions honestly. I also agree to keep my practitioner updated of any changes in my conditions.
- A Kinesiology session, in rare cases, could lead to a temporary feeling of light-headedness, energy or emotional highs and lows, or unexplained sleepiness.
- By signing this form below, I hereby waive and release my practitioner from any and all liability, past, present and future relating to this treatment.

I consent to:

- My medical information and treatment notes being accessed by other practitioners of The Well Collective when I am treated by them.
- My medical information and treatment notes being released to other, third-party, health practitioners whom I provide written consent for my practitioner to refer me to.
- My practitioner disclosing my personal information, if required to by law.
- Receiving occasional informative and/or promotional emails from The Well Collective

**I verify that I consent to the above**

A handwritten signature in black ink, appearing to read 'Angel McFadden', written in a cursive style.