

CONFIDENTIAL



Energy Reflexology
anne hilarius ford
reflexology
orthopaedic foot mobilization

Date 9-2-23

Name: Benning Morrison

DOB 23/1/80

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Marital status: info @ tweed coast support serv.com

No of Children:

Emergency Contact: Brett Kook

Tel number: 0407 086 169

Have you had reflexology before? Y/N

Occupation -

How did you hear about me? Google Facebook Website Friend/family Other

Desired outcome from session: Pain / hormone / Sleep / Anxiety / Assistance + Gastro

GP Last visit

Specialist Last visit

PRESENTING SYMPTOMS OR CONDITION:

Principal diagnosis: Endometriosis, adenomyosis, PMDD, Insomnia

Presenting symptoms: Chronic back + Complex PTSD, Peri-menopausal pelvic pain, hormones anxiety, headaches, rashes, gastro etc.

Operations / Accidents: Laparoscopy x 3 Burst

Current treatment: Physio, Therapy, Pain Mgmt, Hydrotherapy

Current medication: Various pain + mental health meds

Please tick all conditions you have now / have had:

<input checked="" type="checkbox"/>	Abdominal issues
<input type="checkbox"/>	Allergies
<input type="checkbox"/>	Arthritis
<input checked="" type="checkbox"/>	Asthma / lung conditions
<input type="checkbox"/>	Blood clots
<input checked="" type="checkbox"/>	Bone injuries (fractures)
<input type="checkbox"/>	Cancer / tumours
<input checked="" type="checkbox"/>	Chronic pain
<input checked="" type="checkbox"/>	Depression
<input type="checkbox"/>	Diabetes

<input checked="" type="checkbox"/>	Fatigue (Chronic Fatigue)
<input checked="" type="checkbox"/>	Feet problems
<input checked="" type="checkbox"/>	Fertility issues
<input checked="" type="checkbox"/>	Headaches / migraines
<input type="checkbox"/>	Hearing disorders
<input checked="" type="checkbox"/>	Heart, circulatory disorders
<input checked="" type="checkbox"/>	Hernias
<input type="checkbox"/>	High/low blood pressure
<input type="checkbox"/>	Infectious disease
<input checked="" type="checkbox"/>	Muscle/joint pain

<input checked="" type="checkbox"/>	Numbness or tingling
<input type="checkbox"/>	Phlebitis / DVT
<input type="checkbox"/>	Pregnancy
<input type="checkbox"/>	Rash, tinea
<input checked="" type="checkbox"/>	Reproductive disorders
<input type="checkbox"/>	Seizures
<input type="checkbox"/>	Skin disorders
<input checked="" type="checkbox"/>	Sleep disorder
<input type="checkbox"/>	Stroke
<input type="checkbox"/>	Vision disorders

Endo - diagnosed 2011 - Surgery then this happened 3x over 3 years. As I did lots of damage to nerve damage cause pain in lower spine. Bad support from NDIS. Feet - feet sore, burning at night.

LIFESTYLE

EXERCISE: type / frequency:

starting last week, daily walks / or swim

DIET: Vegetarian / low fat / vegan / eating programme / balanced / other

hydrotherapy +

Coffee/day: Vapes ?

Tea/day:

Soft drinks/day:

2 Lit Water glasses/day: psyshio

Cigarettes/day:

Alcohol glasses/day: 3 a week

Recreational drugs Y/N

Height/Weight: Average / under over 90kg

Appetite: poor / excessive / normal

STRESS LEVELS:

work (L) 1 2 3 4 5 (H)

Home (L) 1 2 3 4 5 (H)

SLEEP: Good Average Poor

Hours/night

4-5 hrs on a good day

PAIN Chest

Abdomen

Lower abdomen

Lower back

Other

BOWEL

Frequency: Inconsistent PERIODS

Hard / dry

normal

loose / wet

Constipated
for weeks,
then gastro

Last one, date:

Yesterday

Regular Irregular

Painful

Heavy / Light

15th last

Measure Yourself Concerns and Wellbeing (MYCaW) First form

nth

Please write down one or two concerns or problems which you would most like help with:

Concern or problem 1: Chronic Pain / Gastro

Concern or problem 2: Sleep / Anxiety

Please circle a number to show how severe each concern or problem is now:

This should be YOUR opinion, no-one else's.

Concern or problem 1:

0

1

2

3

4

5

6

Not bothering me at all

Bothers me greatly

Concern or problem 2:

0

1

2

3

4

5

6

Not bothering me at all

Bothers me greatly

Wellbeing:

How would you rate your general feeling of wellbeing now? (How do you feel in yourself?)

0

1

2

3

4

5

6

Not bothering me at all

Bothers me greatly

I understand that in accordance with the scope and practice of reflexologists, as well as adhering to regulatory and statutory requirements, it is not the role of the reflexologist to diagnose injury or illness, nor to prescribe medicine.

Signature



Date

9/3/23