Record KELLI PONTING

Client D.O.B: 15/08/1977
Created By: Auto
Business: Soma Holistic Health
Created On: 17/02/2024 9:48 am
Activity Date: 17/02/2024 9:48 am

Personal Details

Welcome to Soma Holistic Health! I'm excited to embark on this wellness journey with you. To ensure that I provide you with the best possible care and support, I kindly ask that you take a few moments to complete our client intake form. This form is designed to gather important information about your health history, concerns and goals, allowing me to tailor my services to meet your individual needs. Your privacy and confidentiality are of the utmost important to me, and all information is strictly confidential. I look forward to working with you to achieve your health and wellness goals.

First Name
KELLI

Last Name
PONTING

Address
4/46 ONSLOW ST

City
ASCOT

State
Q

Postcode
4007

Email

HELLO@KELLI.COM.AU

Mobile Phone
0414678870

Date of Birth
15/08/1977

Occupation
UNEMPLOYED :)

What is the Main Reason/s for your Visit
RESET OF CHRONIC STRESS, ADDRESSING ANY BLOCKS THAT ARE HINDERING ME
Please list any Surgeries you have had (including year)
GALLBLADDER 2012
TONSILS 1981
Please list any Medications you take regularly (if none, please write Nil)
PILL
Please list any Supplements you take regularly (if none, please write Nil)
NOTHING CONSISTENTLY
Please list any major childhood illnesses, health conditions or accidents (if none, please write Nil)
NIL
Please list any allergies you have (including food, medications or essential oils)
HAYFEVER, MILK ALLERGY TO PETS
Please list if there is a family history of any medical or genetic health conditions (ie. Cancer, High Blood Pressure, High Cholesterol, Parkinson's Disease, Alzheimer's Disease etc)
NIL
Do You Have a Pacemaker?
No

Are You Currently Pregnant?
No

Have you experienced Kinesiology before?
Yes

How Did You Hear About Soma Holistic Health
Friend

Emergency Contact Details

We require these details just in case you suffered a medical episode whilst under our care. The details of your Kinesiology session will not be disclosed.

Name of Person:
SIMON HOWARTH

Relationship
PARTNER

Contact Number
0458761080

General Medical History

Please list any general health conditions you have been diagnosed with and details as to date of diagnosis, therapy, medication etc. Please note, there are sections following for specific digestive, mental health and reproductive presentations below.
IVF 2020 - 2022, NOTHING MAJOR / OF NOTE

Mental Health & Emotional Presentations

Please select any of the below conditions / symptoms that you have experienced in the past or are experiencing now (can select multiple answers). If you have don't experience any mental health

symptoms, please move onto the next section
Anxiety (generalised or social), Brain Fog, Mental or Emotional Exhaustion, Memory issues, Mood Swings, Motivation (lack of), Overwhelm (regular)

If you selected any of the responses above or have any other symptoms, please provide some further information ie. Year diagnosed, test results, diagnosis, treatment
WORK-A-HOLIC INDUCED STRESS!
Please select whether you are under the care of one or more of the following mental health practitioners
Psychologist

Digestive Issues

Please select any of the below conditions / symptoms that you have experienced in the past or are experiencing now (can select multiple answers). If you have don't experience any digestive symptoms, please move onto the next section
Gallstones

If you selected any of the responses above or any other digestive complaint, please provide some further information ie. Year diagnosed, test results, diagnosis, treatment
DIET RELATED IMPACTS BUT NOTHING EATING WELL AND DRINKING LESS WOULDN'T ADDRESS

Reproductive Issues (Females Only)

Please select any of the below conditions / symptoms that you have experienced in the past or are experiencing now (can select multiple answers). If you have don't experience any reproductive symptoms, please move onto the next section
Miscarriage, Peri-menopause

If you selected any of the responses above or have any other reproductive conditions, please provide some further information ie. Year diagnosed, test results, diagnosis, treatment
PRETTY SURE I AM PERI, BUT NO CYCLE EVIDENCE, JUST MOOD!

Structural Issues

Please list any structural conditions or concerns ie, back pain, neck, shoulders, hips, knees, ankles, wrists, joints, muscular etc.
CHRONIC TENSION SHOULDERS, HIP AND GLUTE ISSUES (NO STRENGTH RIGHT GLUTE)
Please list any events that resulted in major physical injury ie. car accidents, major falls etc.
NIL

Viruses

Please select any of the below viruses that you have previously been diagnosed with.
Chicken Pox / Shingles (HHV3), Measles

If you selected any of the responses above or have experienced any other viruses, please provide some further information ie. Year diagnosed, test results, diagnosis, treatment
CHICKEN POX 1995
MEASLES AS A BABY

Diet and Nutrition

Please select any of the answers that reflects your current daily food routine (can select multiple answers)
Meat and 3 Vegetables

Do you crave sugar or sweets?
Yes

Do you crave salty carbs?
Yes

Do you smoke or vape?

No

How many standard alcoholic drinks do you consume weekly on average?
0 - 10

How much water do you dink daily on average?
NOT ENOUGH, SOMETIMES NOT EVEN 500ML

Medical Reports and Tests

Please upload any relevant Medical Reports or Tests that will help us to understand your current health condition/s.

Client Consent

I give my consent for Kinesiology treatment, and understand my session is confidential. I understand that I may withdraw this consent either verbally or written at any time.
Yes

Declaration
I declare the information provided in the Client Intake Form is true and correct. To the best of my knowledge, I have disclosed all information regarding my past and present state of health. I understand it is my responsibility to inform my Kinesiologist of any changes to medication, major illnesses, or health conditions in subsequent visits. (Please refer to the Informed Consent form for detailed information relating to consent).
Name
KELLI PONTING

Signature