

soma

holistic health



Record Nicole Wilde

Client D.O.B: 11/08/1982

Created By: Auto

Business: Soma Holistic Health

Created On: 01/09/2023 10:35 am

Activity Date: 01/09/2023 10:35 am

Personal Details

The questionnaire requires a lot of very detailed information. This assists us to identify correlations between your symptoms so we can find the underlying cause/s of your presentations. It can look a little overwhelming but we recommend taking some time out with a cup of tea or coffee and working through the form. There is no pressure to disclose anything which makes you feel uncomfortable.

First Name

Nicole

Last Name

Wilde

Address

22A McAneny Street

City

Redcliffe

State

QLD

Postcode

4020

Email

nicolewilde.wellness@gmail.com

Mobile Phone

0401014519

Date of Birth

11/08/1982

Occupation

Kinesiologist/Admin

What is the Main Reason/s for your Visit

Structural issues on left side of body - began with shoulder earlier in the year, now hip has restricted movement with ongoing pain in thigh when sitting cross legged. Started after ending a relationship with a dangerous man (probably covert NPD). It was traumatising but also realised that my mother is also covert narcissist and needing to deal with fallout of cutting parents out of my life for a while. Broke left ankle in 2015 and have bunion on left foot since then.

Please list any Surgeries you have had (including year)

Endo - 1996, 2016 x 2, 2019

Please list any Medications you take regularly (if none, please write Nil)

thyroxine (thyroid)

Please list any Supplements you take regularly (if none, please write Nil)

happy hormones supplement

Please list any major childhood illnesses, health conditions or accidents (if none, please write Nil)

Endometriosis - began at 11 years old (currently 41)

Please list any allergies you have (including food, medications or essential oils)

food intolerances/sensitivities - gluten, grains

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)

diabetes type 2, heart conditions

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

Other

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 would not be disclosed.

Name of Person:

Relationship

Contact Number

General Medical History

Please select any of the below conditions / symptoms that you have experienced in the past or are experiencing now (can select multiple answers)

Auto-Immune Disease, Chronic Pain, Digestive Symptoms (further questions are on the following pages), Endocrine/Hormone Imbalance, Reproductive Symptoms or Dysregulation (further questions are on the following pages), Structural Issues (further questions are on the following pages), Thyroid dysfunction (Hyperthyroid or Hypothyroid), Tiredness / Fatigue

If you selected any of the responses above, please provide some further information ie. Year diagnosed, test results, diagnosis, treatment

endo 30 years, hashimotos diagnosed 2016

Please list any other conditions or concerns not listed above

Mental Health & Emotional 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 mental health symptoms, please move onto the next section

Mental or Emotional Exhaustion, Post Traumatic Stress (PTS) including Complex Post Traumatic Stress (CPTS)

If you selected any of the responses above, please provide some further information ie. Year diagnosed, test results, diagnosis, treatment

single parent, it's exhausting. CTPSD from CEN, ongoing treatment with therapist but no longer rules my life

Please list any other mental health conditions or concerns not listed above

Please select whether you are under the care of one or more of the following mental health practitioners

Counsellor

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

Bloating, Haemorrhoids

If you selected any of the responses above, please provide some further information ie. Year diagnosed, test results, diagnosis, treatment

Please list any other digestive conditions or concerns not listed above

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

Endometriosis

If you selected any of the responses above, please provide some further information ie. Year diagnosed, test results, diagnosis, treatment

Please list any other reproductive conditions or concerns not listed above

Structural Issues

If you selected Structural Issues in the first section, please complete this page. Otherwise, scroll down to the next section.

Back Pain (please also mark on diagram below)

Yes

If you answered yes, what would you rate your back pain out of 10 (with 1 being none and 10 being excruciating)

2 /10 - more tightness that pain. thoracic and lumbar

Neck Pain (please also mark on diagram below)

If you answered yes, what would you rate your neck pain out of 10 (with 1 being none and 10 being excruciating)

/10

Hip Pain (please also mark on diagram below)

Yes

If you answered yes, what would you rate your hip pain out of 10 (with 1 being none and 10 being excruciating)

3/10 tightness, restricted movement

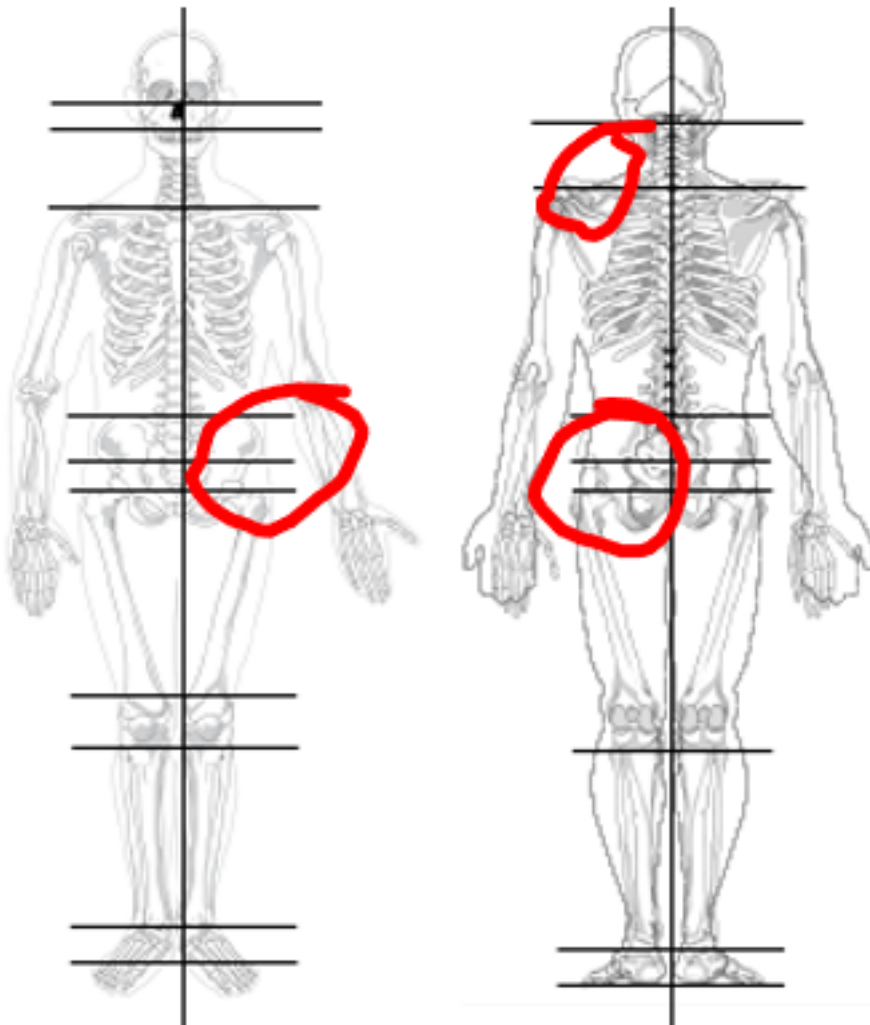
Shoulder Pain (please also mark on diagram below)

Yes

If you answered yes, what would you rate your shoulder pain out of 10 (with 1 being none and 10 being excruciating)

3/10

Please mark any areas that cause you pain or discomfort. You can colour the affected area or draw an arrow to the injury. You can also add text by selecting the text button and double clicking near the affected area.



Please list any events that resulted in major physical injury ie. car accidents, major falls etc.
Please list any other structural conditions or concerns not listed above

Viruses

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

Epstein Barr Virus (HHV4)

If you selected any of the responses above, please provide some further information ie. Year diagnosed, test results, diagnosis, treatment

EBV as a child (8/9)

Please list any other viral conditions or concerns not listed above

Diet and Nutrition

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

Gluten-free

Do you crave sugar or sweets?

Yes

Do you crave salty carbs?

No

Do you smoke or vape?

No

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

3

How much water do you drink daily on average?

2-3L

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

Nicole Wilde

Signature

A handwritten signature in black ink that reads "Nicole Wilde". The signature is written in a cursive, flowing style with a large, sweeping initial 'N'.