



New Client Form

Full Name Cindy Catalano

Date of Birth 25041958

What is your gender?

Contact Number 0432 379 947

Email Address Cindyloucat1958@gmail.com

Address 7 knowles street balcatta
Perth, Wa, 6021

Occupation Deep tissue massage kinesiologist and house sitter

Relationship Status

Are you pregnant?

Number of Children None

Emergency Contact & Number 083496590

Are you currently receiving any other therapies or medical treatment?

Please list them.

Massage acupuncture and herbal tonics

Physical Profile

Have you had any major surgeries / accidents?

Please list them & when.

Broken wrist age 12. Hit by car age 12 .d and c for pregnancy loss age 33 . Mental breakdown age 33.

Are you currently taking any medication?

Please list them.

Symbracorte puffer and antihistamines

Are you in any physical pain?

Sometimes

Please list where the pain is, when and how it started and the rating out of 10 (1 = minimal pain - 10 = worst pain)

Diverticulitis attacks 10 . Inflammation 7 .

Do any activities aggravate your pain more?

Work load

Have you seen a Doctor or other practitioner for this condition?

Yes

Check the conditions that apply to you:

Asthma

Psychiatric disorder

Hormonal Issues

Immune Issues

Please provide further information

Cptsd

Do you have any medication allergies?

No

How often do you consume alcohol?

Occasionally

How often do you smoke?

Daily

Do you use any kind of illegal drugs or have you ever used them?

Yes

What kind of drugs? How long have you used/been using them?

Marijuana inhale and cbd tincture

Nutrition Profile

Are you taking any Vitamins or Supplements?

Yes

Please list them

Herbal tonics changed monthly . Lions Maine and four other mushrooms in powder form . Slippery elm bark and trifala for dehydrated bowels. Take electrolytes in herb form and sometimes hydralites in satchet form.

How is your diet? Are you allergic to any foods or drinks? If so, what and what happens?

Onion allergy . Suffered irritable bowel most of my life from candida but no candida or parasites presently . Eat mostly organic food. Two meals a day with some snacks . Get sugar drop in afternoon sometimes. Only drink purified water. Bloating then diarrhoea .

How much water do you drink per day? in Litres

1,2 or 3 litres if have a virus.

How often do you exercise and how do you exercise?

Walking and lymphatic bouncer every third day but if house sitting daily dog walks.

Sleep & Energy Levels

How many hours sleep do you average per night? 6 -7

Do you wake during the night?

Yes

Do you have difficulty falling asleep or staying asleep? If yes, please explain further

Mostly getting to bed as don't go until sleepy. Usually 1.30 - 3 am . Wake for toilet about 4 hours in .very sluggish in am so don't start work day til 12 but can work til 8.30.

How would you rate your stress levels in relation to work? 4 / 10

How would you rate your stress levels in relation to finances? 8 / 10

How would you rate your stress levels in relation to home / living situation? 10 / 10

How would you rate your stress levels in relation to personal relationships? 7 / 10

How would you rate your energy levels? 9 / 10

Health Goals

What are you wanting to work on / achieve with your sessions with Aligned with Grace and how will you know when you've achieved them?

Nerves triggers lowered then hormones balanced

Why is this important to you?

Is affecting my general health

What is stopping you from achieving this goal?

I live with my 86 year old mother

Accepted

Signature

C. J. Catalano