Saturday, March 2, 2024

New Client Form

Full Name	Gema Houghton
Date of Birth	10041999
What is your gender?	Female
Contact Number	0449 959 588
Email Address	ghoughton99@hotmail.com
Address	45 Palmtree Ave Scarborough , QLD , 4020
Occupation	Accountant
Relationship Status	Defacto
Are you pregnant?	No
Number of Children	0
Emergency Contact & Number	Jarred 0497082859
Are you currently receiving any other therapies or medical treatment?	No

Physical Profile

Have you had any major surgeries / accidents?	Yes

Please list them & when.

Tonsil removal (you probably remember better than me)
Elbow 2009?
Knee Surgery 2013 & 2015
Vaginal biopsy and slow release morphine injections 2018
Vaginal Botox injections 2022
Endometriosis surgery and Botox injections 2023

Are you currently taking any medication?	Yes

Please list them.

Naltrexone 4.5mg per day

Silinda

Are you in any physical pain? Yes

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

Average pain per day 4
Flares of pain between 8-10 (happens at least 2-3 times per week)

Do any activities aggravate your pain more?

Increased physical activity, stairs, running etc

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

Yes

Check the conditions that apply to you: Reproductive Issues, Immune Issues

Please provide further information

Endometriosis and Fibromyalgia

Do you have any medication allergies? No

How often do you consume alcohol? Occasionally

How often do you smoke? Occasionally

Do you use any kind of illegal drugs or have you ever used them? No

Nutrition Profile

Are you taking any Vitamins or Supplements? No

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

Normal. No allergies

How much water do you drink per day? in Litres 1-2

How often do you exercise and how do you exercise?

No exercise

Sleep & Energy Levels

How many hours sleep do you average per night? 10

Do you wake during the night? No

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

No

How would you rate your stress levels in relation to work?	7 / 10
How would you rate your stress levels in relation to finances?	10 / 10
How would you rate your stress levels in relation to home / living situation?	6 / 10
How would you rate your stress levels in relation to personal relationships?	7 / 10
How would you rate your energy levels?	3 / 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?

General improvement in mood and energy levels/wellbeing

What is stopping you from achieving this goal?

Nothing has work thus far

Accepted

Signature