



Tuesday, December 12, 2023

## New Client Form

Full Name	Lauren Pilat
What is your gender?	<input type="button" value="Female"/>
Contact Number	0422 241 709
Email Address	connect@laurenpilat.com
Address	7 Malus Court Woodvale Perth, WA, 6026
Occupation	Kinesiology/Reiki practitioner and yoga teacher
Relationship Status	<input type="button" value="Single"/>
Are you pregnant?	<input type="button" value="No"/>
Emergency Contact & Number	Glenda Pilat - 0417998893
Are you currently receiving any other therapies or medical treatment?	<input type="button" value="No"/>

## Physical Profile

Are you currently taking any medication?	<input type="button" value="Yes"/>
Are you in any physical pain?	<input type="button" value="No"/>
Do you have any medication allergies?	<input type="button" value="No"/>
How often do you consume alcohol?	<input type="button" value="Occasionally"/>
How often do you smoke?	<input type="button" value="Never"/>
Do you use any kind of illegal drugs or have you ever used them?	<input type="button" value="No"/>

## Nutrition Profile

Are you taking any Vitamins or Supplements?	<input type="button" value="No"/>
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**How is your diet? Are you allergic to any foods or drinks? If so, what and what happens?**

It's okay. Not allergic. Sensitivity to gluten, dairy and sugar.

**How much water do you drink per day? in Litres** up to 2

**How often do you exercise and how do you exercise?**

Depends on the week.

Yoga / Strength and Cardio training a few times a week

## Sleep & Energy Levels

**How many hours sleep do you average per night?** 7

**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?** 2 / 10

**How would you rate your stress levels in relation to finances?** 5 / 10

**How would you rate your stress levels in relation to home / living situation?** 1 / 10

**How would you rate your stress levels in relation to personal relationships?** 3 / 10

**How would you rate your energy levels?** 5 / 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?**

Create enthusiasm for my offerings and services and take action in following through with that enthusiasm.

**Why is this important to you?**

It's my passion and purpose.

**What is stopping you from achieving this goal?**

Self doubt and not knowing what to do or where to start.

Accepted

**Signature**

