Tuesday, December 12, 2023

New Client Form

Full Name	Mel Cumming
Date of Birth	05031988
What is your gender?	Female
Contact Number	0428 241 515
Email Address	mellives@hotmail.com
Address	Bickley, Wa, 6067
Occupation	Self employed kinesiologist
Relationship Status	Married
Are you pregnant?	No
Number of Children	2
Emergency Contact & Number	0477772184
Are you currently receiving any other therapies or medical treatment?	Yes

Please list them.

Chrio, physio and dry needling.

Physical Profile

Have you had any major surgeries / accidents?	Yes

Please list them & when.

R should reco 2008,
Laparoscopic 2015,2019
Laser eye surgery 2018

Are you currently taking any medication?	Yes

Please list them.

All of them....

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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)

Shoulders, beck, back and just all over haha

Do any activities aggravate your pain more?

Lots

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

Yes under medical care

Check the conditions that apply to you: Psychiatric disorder, Hormonal Issues, Reproductive Issues

Do you have any medication allergies? No

How often do you consume alcohol? Occasionally

How often do you smoke? Never

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

Nutrition Profile

Are you taking any Vitamins or Supplements? Yes

Please list them

Lots

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

Diet is pretty clean but cant have dairy it makes me 4-6months pregnant bloating and have the shits or throw up.

How much water do you drink per day? in Litres 5-6 ltr

How often do you exercise and how do you exercise?

3 days a week just light at the moment.

Sleep & Energy Levels

How many hours sleep do you average per night? 8

Do you wake during the night? Yes

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

Most nights i wake up some nights i fall back asleep ok and some nights indont.

How would you rate your stress levels in relation to work?	8 / 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?	3 / 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?

All the things. I want to work on my confidence in my business, work on my need for control and letting it go. Not being perfect.

Why is this important to you?

Cause these things no longer serve me

What is stopping you from achieving this goal?

Myself and set ways and subconscious programing

Accepted

Signature

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