



## New Client Form

**Full Name** Stephanie Hendon

**Date of Birth** 27021991

**What is your gender?**

**Contact Number** 0433 446 670

**Email Address** steph.hendon@hotmail.com

**Address** 1/49 Albert Street  
North Perth, WA, 6006

**Occupation** Project Officer

**Relationship Status**

**Are you pregnant?**

**Number of Children** 0

**Emergency Contact & Number** Julie Hendon, 0419961670

**Are you currently receiving any other therapies or medical treatment?**

**Please list them.**

Reformer physio  
Treated for ADHD, Anxiety & Depression

## Physical Profile

**Have you had any major surgeries / accidents?**

**Please list them & when.**

Breast reduction 2015  
Car accident 2018

**Are you currently taking any medication?**

**Please list them.**

Dexamphetamine 5mg as required

Desvenlafaxine 100mg daily  
Lysine 1 tablet daily  
Iron supplement daily

**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)**

- Upper traps, pain is 6 during flare up, pain has been there since I started working, but more aggravated after car accident.
- Rhomboids, pain is 9 during flare up, started after car accident.
- lower back, pain is 5, flare up usually in line with menstrual cycle.
- Gluts, pain is a 3, less painful and more tense and aggravated.
- ankles, pain 6, caused by years of netball and breaking ankle back in 2014.

**Do any activities aggravate your pain more?**

Dancing and netball.

Pain can be aggravated when taking a walk.

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

I have weekly appointments with my physio to rehab my muscles and strength conditioning.

**Check the conditions that apply to you:**

Psychiatric disorder

Reproductive Issues

**Please provide further information**

Psychiatric disorders: ADHD, Anxiety , Depression

Reproductive issues: Low egg count

**Do you have any medication allergies?**

Yes

**Please list them.**

Intramuscular tramadol

Some magnesium tablets do not agree with my gut.

**How often do you consume alcohol?**

Weekly

**How often do you smoke?**

Occasionally

**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?**

On the very odd occasion, I smoke weed - I said at most it occurs once a year.

A few weeks ago I accidentally smoked meth (thinking it was weed)

## Nutrition Profile

**Are you taking any Vitamins or Supplements?**

Yes

**Please list them**

Prenatal vitamins

Lysine  
Magnesium spray

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

No allergies, however watermelon does not agree with my gut.

**How much water do you drink per day? in Litres** 3L

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

3-5 times a week, depending on the season (eg. winter, I play more netball)

## Sleep & Energy Levels

**How many hours sleep do you average per night?** 8hrs

**Do you wake during the night?** Yes

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

I've always had issues sleeping, and I'll try different methods that work for a while (like 6 months +), then something will happen to make me regress.

I underwent a sleep assessment in 2020, the results identified I had mild apnea when I'm sleeping on my back and restless leg syndrome, but not enough to warrant a diagnosis.

More recently I've been waking during the night 2-4 times in the night and getting about 5-6 hrs sleep.

I find my hands and fingers become "dead" numb.

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

**How would you rate your stress levels in relation to personal relationships?** 4 / 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?**

I'd like a sleep reset and work on methods to put my mind at ease before I go to bed.

**Why is this important to you?**

Sleep is very important to me as I function better at work and in my personal life. Being able to get a good nights sleep also enables me to be more perceptive of when I'm stimming from my ADHD and can manage my behaviour accordingly.

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

Bad sleeping patterns and money.

Accepted

**Signature**

A handwritten signature in dark blue ink, consisting of stylized, overlapping loops and lines.