

Smell  
overwhelm.

### Client Intake Form

Date: .....

Name: Amaniot email: .....

Date of Birth: 17/1/1991 Age: 34 Gender: F

Occupation: local council Marital Status: married Children/ How Many? .....

Referred by: Bhaw

Reason for consultation:

### Your Overall Health:

#### Current or previous illness:

Details:	
Age it started:	
What was happening in your life when this occurred?	

#### Stress Level:

Rate out of 10	<u>7/8</u>
What is causing you stress right now?	
Notes	

#### Energy Levels:

Rate out of 10	<u>6/10</u>
Wake up refreshed/afternoon slump?	<u>tired wake.</u>
Notes	

**Current or chronic pain:**

Location of pain:	Shoulders
Rate the pain out of 10	7.
How long have you had it?	
Type: sharp knife like, dull	dull.
Better or worst with palpation?	
What makes pain better/worse?	smell, heat
What was happening in your life when it started?	massage.
Notes	

**Sleep:**

Hours:	6-7 hours.
Sleep: light/average/deep	deep.
Awake: refreshed/tired	
Trouble staying asleep:	Sometimes - racing thoughts
Go to toilet during night:	no
Difficulty falling asleep:	
Do you get hot at night:	
Notes:	

**Menstrual Cycle:**

Regular/heavy/light:	regular.
Colour:	
PMT/Pain:	yes.
Length of cycle	
Clots:	
Notes	

**Digestion:**

Bloating, reflux, regurgitation:	ok.
Constipation/diarrhoea:	
Bowel movements	
Appetite:	
Notes	not eating meat.

**Other info:**

Any mental health issues?	<i>anxiety.</i>
Previous accidents/injuries/surgeries:	
Childhood illnesses:	<i>no.</i>
Birth complications?	<i>no.</i>
Any other health conditions/physical symptoms I should be aware of?	

*tension - head eye.  
stomach.*

**Other Factors:**

Exercise – type/frequency	
Medication or drugs (current and past)	
Supplements	
Briefly describe your diet	

**Emotional:**

How do you want to feel?	<i>relaxed &amp; concentrated</i>
If there was one thing you could change, what would it be?	

Channel	Area/Symptoms	Brief psychology
Lung	Lungs, throat, chest	Grief, guilt, value, connection to spirit, loss
Large Intestine	Face, teeth, nose, throat, shoulders	Holding onto grief, loss, value, guilt, belonging
Stomach	Breasts, quadriceps, abdominals, appetite, bad breath	Excess thinking, trying to meet my needs or other's needs, protective
Spleen	Bloating and damp, or lack of body bulk	Excess thinking, excess giving, needy, un nourished, receiving
Heart	Heart conditions, sleep, emotional disorders, area around T4/5 centre of chest and back	Love, domination and submission, hurt, propriety, joy and elation. Sharing
Small Intestine	Scapula	Expressing the heart and being understood
Bladder	Back, erector spinae, hamstrings, occiput	Control external environment to be safe, driven, withdrawal, never rest
Kidney	Lumbar pain, weak knees, urinary problem	Fear, withdrawal, internal control, driven, stillness, safety
Pericardium	Diaphragm, heart	Opening or Closing off the heart, intimacy, intimate relationships
San Jiao	Intercellular fluid, triceps, heat conditions affecting eyes and ears	External intimate connection, letting people close
Gall Bladder	Piriformis, pelvis, lateral body, parietals	Difficult to make decisions because trying to live up to expectations, courage, stuck
Liver	Pubic region, lateral costal area, vertex of head	Anger, frustration, perfectionist focussed on doing rather than being

stress - third eye  
greying hair  
overwhelmed

I'm not enough.  
feel anxiety - tension  
stress - feel through throat