

Client Intake Form

Date: 4/3/25

Name: Brad email:

* Date of Birth: 5/10/1983 Age: Gender:

Occupation: project manager Marital Status: Children/ How Many?

Referred by:

Reason for consultation:

fatigue - overthinking,
head - blocked heavy

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	pressure / expectations 2-3
What is causing you stress right now?	
Notes	

Energy Levels:

Rate out of 10	6/10 movement
Wake up refreshed/afternoon slump?	
Notes	

Back of legs.

Current or chronic pain:

Location of pain:	lower back - knee pain
Rate the pain out of 10	6
How long have you had it?	stabbing + dull.
Type: sharp knife like, dull	right
Better or worst with palpation?	
What makes pain better/worse?	
What was happening in your life when it started?	
Notes	left elbow pain - D

knee reconstruction

Sleep:

Hours:	11.30/12. - D
Sleep: light/average/deep	30 min. overthinking
Awake: refreshed/tired	100 of night.
Trouble staying asleep:	
Go to toilet during night:	
Difficulty falling asleep:	
Do you get hot at night:	
Notes:	wake up 4.30/sam awake an hour. anxious energy 1h - 3 hours.

Menstrual Cycle:

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

G/I revivle.

Digestion:

Bloating, reflux, regurgitation:	bloating. - gut revivle.
Constipation/diarrhoea:	diarrhoea.
Bowel movements	
Appetite:	
Notes	fibre

Chronic fatigue

exhausted in head.

anxiety

anxiety - fear + performance.

Other info:

Any mental health issues?	
Previous accidents/injuries/surgeries:	knees, fallen off bike lower back.
Childhood illnesses:	
Birth complications?	
Any other health conditions/physical symptoms I should be aware of?	sensitive to food, no coffee live challenges.

eczema.

Other Factors:

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

Emotional:

How do you want to feel?	
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