

History intake form

COMPLETE

#12

CREATED



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IP ADDRESS



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* Name

Nicola Hood

* Email

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* Accidents / Trauma / Surgery / Illness /Injuries AND muscular / Skeletal/ TMJ problems/ Dental

ACL reconstruction
Achilles tendonitis (chronic)
Headaches
Neck and shoulder pain

* Sleep Pattern (Hours per night and quality) AND Medications / supplements:

7-9 hours a night
No supplements/medications for sleep

* Immune system and Allergies / sensitivities / Skin Issues (eg eczema) :

N/A

* Birth & Childhood History PMS & Reproductive/hormonal

N/A
Suspect perimenopausal

* Bowel Habits: Frequency, time(s) & consistency or Dietary: ie avoided food groups Bladder: Litres of water per day, Alcohol/coffee

2.5-3litres of water
1-2 coffees per day
4-6 alcoholic drinks/week

* Relevant family history: Mental illness, physical illness, trauma

N/A

* Respiratory / Heart: ie Asthma, heart palpitations AND Neurological: ie epilepsy, headaches (eye sight, smell, hearing) etc

N/A