

In some instances it may be necessary to gain consent from your GP / Consultant before treating you. Are you currently receiving treatment from your GP / Consultant or any other practitioner?

Details of any Operations or Accidents:

Family medical history:

If you have a problem with any of the following, please tick.

Eyes: Ears: Hair: Nails:
Skin: Do you suffer from dermatitis? Acne? Eczema? Psoriasis?
Skin type: What is your skin type? Normal? Dry? Oily Combination?
Sensitive? Dehydrated? Other?

Heart: Do you suffer from high blood pressure? Low blood pressure?
Any other problems?

Circulation: Fluid retention? Varicose veins? Cellulite? Tired legs?
Cold hands & feet? Other?

Immune System: Are you prone to infections? Sore throats? Colds?
Sinuses? Other?

Postural problems:

Spine: Curvature? Slipped discs? Other?
Muscular Skeletal problems: Neck? Back? Rheumatism?
Stiff joints? Jaw? Other?

Kidney or Bladder?

Respiratory System: Do you suffer from Asthma? Bronchitis? Other?

Gynaecological: Are you Menopausal? Are your periods regular? Painful?
Heavy? Other?

Digestive System: Do you suffer from bloating? Indigestion? Reflux?
Stomach pains? Other?
Do you suffer from Constipation? Diarrhoea? IBS? Diverticulitis?
How often do you have a bowel movement?

Allergies: Do you suffer from Hay Fever? Bingeing? Overeating?
Do you suffer from food allergies? If so, what to?

Neurological System: Do you suffer from nervous tension? Depression?
Mood swings? Other?
Sleep Patterns: Good? Poor? No. of hours?
Do you suffer from headaches? If so, how often? Migraines? How often?

What is worrying you at the moment?

Anything else you would like to mention?

What are you hoping to achieve from this treatment?

Please read before signing

A kinesiologist is not a doctor and therefore will not diagnose, prescribe for, or treat any specific illness but does correct imbalances that are revealed during the session. You are advised to consult your GP about any pain or disease that you are presently aware of or become alerted to the possibility of, as a result of a balance. The details recorded have been provided by me and are true and accurate. I have requested treatment and have read and understood the above.

Signed

Date