



KINESIOLOGY CLIENT FORM

First name _____ Surname _____

Address _____ Postcode _____

Email _____ DOB _____

Birth time : _____ Birth Location : _____ How old are you? _____

Ph _____ Occupation: _____

How did you hear about us : friend (name) _____ walk past _____ internet _____ holiday park _____ other _____

Please circle relevant status : Single Married Defacto Divorced Number of children _____

Major Surgery/ Accidents/ illness (include exact age of event) _____

Drugs/ Medication _____

Contraception _____ Menstrual Cycle Length _____ Pregnant? how many weeks _____

Hours of Sleep per night _____ Water consumed each day _____ Bowel movements per day _____

Numbe of Cigarettes per day _____ Cups of coffee per day _____ Cups of tea per day _____

Cravings _____ Favourite Foods _____

Weekly exercise _____

Vitamins, Minerals, supplements _____

Energy levels : high medium low variable General health: high medium low

Circle if you have regular : recreation quiet time mood swings lethargy pain

Please describe : _____

Have you ever had : braces fillings - what kind of filling & how many _____

Circle if you have regular : salads raw fruit vegetables alcohol coffee carbs

sugar chocolate cheese milk salt fastfood soft drink

Are you currently having regular sessions in other modalities? _____

Do you feel you have ongoing or current issues with any particular emotion for eg - anger, self love, worry, anxiety :

What would you like to work on this session? _____

I understand that Kinesiology does not treat disease, it balances energy. **Yes**

I agree to pay a 100% cancellation fee for cancellations of less than 24hrs. **Yes**

SIGNED : _____ **DATE :** _____

All information provided is private and confidential.

If you enjoy your treatment please refer to friends and family!

Check us out on Facebook & Instagram - Alchemy Wellness Centre