Integral Kinesiology

CLIENT DATA FORM

Date: _____

CLIENT DETAILS:

Name:	Date of Birth:
Address:	Suburb:
Phone:	Occupation:
Email:	

EMERGENCY CONTACT:

Name:	Phone:

Reason you are here today:		Practitioner Notes:
Expectations/goals of treatment:		
Current conditions:		
Are you pregnant?		
Do you have a pace maker or other internal device?		
Medical history:		
Surgeries/major accidents:		
Medications:		

Supplements:		
What does your diet typically include? Are you vegetarian, dairy/gluten free?		
Exercise (type and frequency):		
Family history:		
Other information:		

Have you received kinesiology before?	
How did you hear of Integral Kinesiology? Eg. Google, clinic website	
Are you receiving or have you previously received support from other therapies or practitioners?	
Do you have any medical test results or referral information? If yes, please include with this form.	

Client Declaration:

I have disclosed the above personal information for the purpose of a kinesiology consultation. I accept full responsibility for all consultations. I understand kinesiology is a complementary health program and does not diagnose conditions or diseases. I understand that kinesiology is supporting my body to self-heal. I understand that non-attendance requires full payment and cancellations made within 24 hours will incur a 50% charge of the session fee.

Signed:_____ Date: _____

MUSCULO-SKELETAL ISSUES

Please mark on image the location of issue.