



Kinesiology Client History (confidential)

Name:

Occupation:

Email address:

Address:

Date:

Date of Birth:

Mobile No.:

Reason for Kinesiology session:

Describe your current stress level:

Rate your stress 1(nil) - 10 (extreme)

Previous therapies? (e.g kinesiology, chiropractor, naturopath, psychologist):

Do you suffer from anxiety? Please tick

Every day

Once/twice a week

Occasionally (once a month)

Current health/emotional concerns:

Major Illnesses, surgery, broken bones, aches, pains:

Diet (briefly describe, any digestive issues, intolerances):

Exercise (type and frequency):

Water intake (daily):

In three words, how would you ideally like to feel after the session?