Kinesiology Client History

(confidential)

Name: Date:

Occupation: Date of Birth:

Email address: Mobile No.:

Address:

Reason for Kinesiology session:

Describe your current stress level:

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

Top of Form

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

Bottom of Form

Do you suffer from anxiety? Please tick

Every day Once/twice a week Occasionally (once a month)

Top of Form

Bottom of Form

Current health/emotional concerns:

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

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

Exercise (type and frequency):

Describe your sleep patterns. Good, bad, restless

Water intake (daily):

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

How do you hear about Better Life Kinesiology?