

**CONFIDENTIAL**

*If you complete and return this questionnaire before your first Health Kinesiology session, it will save a lot of time, and doing it at home allows you to relax and remember everything that may be relevant to help you achieve your goals*

**Please write clearly or use capital letters. Thanks.**

Mr/Mrs/Miss/Ms..... Tel/Fax.....

Address..... Email.....

..... Date of birth.....

Occupation..... Your diet: Poor/OK/Quite Good/Very Good  
Vegetarian/Vegan

.....Use computer?.....

Use artificial sweeteners?..... Use a microwave?.....

Immediate family.....

Where born?.....How long in current home?.....How long in previous home[s]?.....

What was your childhood like (*brief comment*)?.....

.....

.....Brothers/sisters?.....

Childhood vaccinations?..... Childhood illnesses.....

Recent vaccinations?.....

Dental fillings: amalgam/white/porcelain?..... Extractions/braces/fluoride?.....

Reproduction: any relevant concerns?..... Accidents//lingering injuries/severe shocks?

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.....HRT/Pill? .....

Past diseases or conditions.....

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Operations (state general or local anaesthetic and approx. dates).....

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Medication being taken now or in near past.....

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If possible, please return this form before your appointment to: Janice Hocking, Green Drift, Clifford Road, Boston Spa, W. Yorks LS23 6BZ. Tel. 01937-845557. Please give at least 24 hours notice if you need to cancel your appointment.

