

**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.**

Title..... Name..... Tel.....

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?.....

Travelled abroad? (*please list*).....

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

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

.....

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

Past diseases or conditions.....

.....

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

.....

.....

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

.....

If possible, please return this form before your appointment to: Janice Hocking, 23 Fountains Avenue, Boston Spa, W. Yorks LS23 6PX. Tel. 01937-845557. Please give at least 24 hours notice if you need to cancel your appointment.

**CONFIDENTIAL**

Substance use (inc. alcohol, tobacco & drugs – both medical & recreational).....

.....

Supplements taken regularly.....

.....(Please bring your drugs/supplements to your HK session)

Phobias.....

Allergies.....

What concerns would you like to address in your Health Kinesiology sessions?.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Troublesome relationships or problem areas in your life.....

.....

.....

Painful losses (family, friends, pets, jobs, relationships, homes etc.).....

.....

What do you hope to achieve from your HK sessions?.....

.....

Hobbies.....

*I appreciate that Health Kinesiologists do not give medical diagnosis or treatment.*

Signed..... Date.....

**Please give at least 24 hours notice if you need to cancel or change your appointment.**

If possible, please return this form before your appointment to: Janice Hocking, 23 Fountains Avenue, Boston Spa, W. Yorks LS23 6PX. Tel. 01937-845557. Please give at least 24 hours notice if you need to cancel your appointment.