

CONFIDENTIAL

In preparation for your Health Kinesiology session, please fill in this questionnaire. It will save a lot of time at your first session, and doing it at home allows you to relax, remember and record everything that may be relevant to help you achieve your goals. Feel free to add extra sheets if necessary, or attach any interesting reports from your doctor, homoeopath or other alternative practitioner.

Child's name..... Tel/Fax.....

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

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

..... Child's diet: Poor/OK/Quite Good/Very Good

Parents' names & occupations.....

Other close relatives (siblings/grandparents etc.).....

.....

Vaccinations (details/dates)..... Childhood illnesses.....

.....

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

Any problems with puberty? (if applicable)..... Accidents/severe shocks?.....

.....

.....

Have you consulted a doctor/other practitioner?.....

What have they diagnosed?.....

What treatment or medication is child having?.....

.....

.....

.....

Supplements taken regularly.....

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

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

.....

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.

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Please describe child's birth/early months.....
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.....

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

What do they prevent child from doing?.....
.....

Known allergies (foods, dust, moulds, pollens, animals, chemicals, drugs etc)*(please indicate the severity, and symptoms caused)*
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.....

Is child scared/worried about anything?.....

What is their sleeping pattern like?.....
.....

Painful losses (family, friends, pets, divorce, homes etc.).....
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Anything else relevant at home?.....
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What do you want to achieve with the HK sessions?.....
.....

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

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

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