Kinesiology – History & Aims

Please fill in as much or as little as you feel comfortable with, this is just a starting platform for our work together.

Name _____

DOB _____ Significant other / partner_____

Children (& ages) _____

Employment /Occupation _____

1. If you have ever had kinesiology or taken flower essences before, please summarize your experience with them:

2. Please list any other health care practices that you are currently engaged in or have experienced in the past and briefly describe their effects. Also list any medications you are taking either prescribed or self-prescribed.

3. Tell me about your general state of health and family background:

—over—

4. An important part of our work together is establishing short and long term goals. Please describe your priorities for health and well-being in the following categories:

Physical:

Emotional:

Mental:

Spiritual:

5. What are your priorities for our first consultation?

NB : The information provided and methods used are designed to be a complimentary health aid are in no way intended as a substitute for the care and treatment of a licensed medical professional.

Signature_____ Date_____

Thank you! All information received will be used solely for the purpose of this consultation and will remain confidential.