

Please complete this confidential questionnaire, which will provide me with information on your general health and lifestyle. Please print clearly, and circle where indicated

Title

D.O.B

First Name

Surname

(Number/code)

Address

Post Code

Tel.

Mobile

email

GP's Name:

GP Surgery Address:  
.....

### Consultation History

Consultation

Date

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

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**1. Medical History**

Have you <i>ever</i> suffered from any of the following illnesses?	YES	NO	If YES, please provide detail if possible.
Visual defects/eye conditions			
Hearing defects/ear conditions			
Severe anxiety, depression, other psychiatric disorder			
Paralysis or other neurological disorder			
Fainting attacks, blackouts, epilepsy or fits			
Recurrent headaches, migraine			
Vertigo, giddiness or tinnitus			
Heart disease, high blood pressure			
Asthma, bronchitis, tuberculosis or other chest disease			
Digestive or bowel disorder			
Liver disorder			
Kidney or bladder problems			
Gynecological problems			
Recurrent backache, arthritis, rheumatism			
Any blood disorder			
Eczema, dermatitis, other skin conditions			
Diabetes, thyroid or other gland problems			
Hay fever, allergies to drugs/animals etc			
Any recurrent infections			
Any impairment of immunity to infection			
Varicose veins causing trouble			
Hernia			
Any alcohol or drug related problems or illness			
Any other medical condition, physical or mental, not mentioned above			
Any significant medical history in family			

Any additional comments:



## 3. Diet & Lifestyle

I practice an  Omnivore diet / Vegetarian diet / Vegan diet / Other

Please indicate if you agree with the following statements:

	Never	Sometimes	Often	Daily
I eat a healthy breakfast every morning				
I eat at least 3 portions of vegetables every day				
The majority of my meals are made from fresh ingredients				
I eat processed food				
I enjoy a takeaway				
I drink at least 2 litres of water a day (herb teas)				
I drink coffee/tea				
I have at least one healthy bowel movement a day				
I have steady energy and concentration levels over the day				
I sleep soundly and wake up feeling rested				
My life involves daily physical activity (e.g. walking, cycling or gardening)				
I take exercise that noticeably raises my heart rate at least 3 times a week for at least 30 minutes?				
I take time out for relaxation daily (e.g. yoga, meditation, prayer, gentle walking, breathing exercises, tai chi)				

Any additional comments:

I understand that all fees are due at the end of each session, and that all the suggested nutritional supplements will be charged for separately, and that a fee may be charged if at least twenty-four hours notice is not given for rescheduled or cancelled appointments.

I accept responsibility for my own health and well being, and for my participating in the methods, treatments, and nutritional suggestions made during my kinesiology sessions.

Signed:

Date:

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