

Intake Form

Client Information

Full Name: _____

Date of Birth: _____

Gender: _____

Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Phone Number: _____

Email: _____

Emergency Contact

Emerg. Contact Name: _____

Relationship to Client: _____

Emergency Contact Phone: _____

Health History

1. Do you have any existing medical conditions or chronic illnesses? If so, please specify:

2. Are you currently taking any medications or supplements? Please list them:

3. Have you had any surgeries or medical procedures in the past? If so, please provide details:

4. Do you have any known allergies (food, medications, environmental, etc.)? If yes, please list them:

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5. Have you experienced any recent or ongoing stressors or emotional challenges?

6. Does your family have any existing medical conditions or chronic illnesses? If so, please specify:

Kinesiology Session Specifics

1. What specific issues, concerns, goals or outcomes would you like to address and hope to achieve?

2. How do you typically feel on a scale of 1-10, 10 being optimal health?

Lifestyle and Wellness

1. Please describe your current lifestyle, including your diet, exercise routine, and daily activities:

2. Are there any specific changes you would like to make in your lifestyle or wellness habits?

Informed Consent:

I understand that the holistic kinesiologist will use muscle monitoring and other holistic techniques to assess and balance my energy and overall well-being. I acknowledge that the practitioner is not a licensed medical professional and that this session is not a substitute for medical advice or treatment. I agree to inform the practitioner of any discomfort or concerns during the session.

Client Signature:

Date: