

Full name: \_\_\_\_\_ D.O.B \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_  
Email: \_\_\_\_\_  
Emergency contact details: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Children? Y/N Name/s and ages: \_\_\_\_\_

Referred by: \_\_\_\_\_  
Have you seen a Kinesiologist before? Y/N What did you like about that experience?

What do you feel you needed that you didn't get in your last session?  
\_\_\_\_\_  
\_\_\_\_\_

List of traumas:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List of any missing organs/body parts (including teeth):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate the main area/s of concern and/or where pain/physical tension is noticed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the sensation/pains: e.g. sharp, chronic, shooting, burning etc. \_\_\_\_\_  
How long have you had this issue? \_\_\_\_\_  
Do these pains impact anywhere else in your body? \_\_\_\_\_  
What aggravates/makes it better? \_\_\_\_\_  
How does this interfere with your life currently? \_\_\_\_\_

Medical condition/concern? Initial here to confirm you have been assessed by a medical professional: \_\_\_\_\_  
If you have not been assessed formally, you understand you need to be. Initial to confirm you understand: \_\_\_\_\_

By signing this you understand Kinesiology does not treat, cure or diagnose; it ONLY balances energy.  
You understand that it is vital that you see a duly licensed medical practitioner for all health concerns.  
All the information you have given is true and correct.

You understand that during Kinesiology sessions some therapeutic physical touch may be required.  
You understand and agree that at any time should you feel uncomfortable **you will express this verbally at the time of the session.**  
You understand that at any time during the session you have full permission to ask questions and/or conclude the session and agree that you will do so at your own discretion and under your free will.

Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Under 18 years of age? Y/N If Y, the session is observed and provided with permission of your legal guardian, named below:  
Legal guardian name: \_\_\_\_\_ Contact number: \_\_\_\_\_ Signature: \_\_\_\_\_



