



Lisa McGuinness Kinesiology Initial Consultation Form

Full Name: _____ D.O.B: _____ Age: _____

Address: _____

Phone: Home/Mobile/Work: _____ Occupation: _____

Emergency Contact Name/Number/Email: _____

Referred by: _____

Have you seen a kinesiologist before? Y/N What did you like about it? _____

What did you feel that you needed but didn't get in your last session? _____

Currently, what issue is most concerning in your life and the highest priority for you to work on?

Do you have any current diagnoses? If so, please list:

Surgeries (please list all): _____

Accidents: _____

Childhood Illness: _____

Allergies (including essential oils):

Traumas: _____



List of any missing organs/body parts including teeth:

Teeth (please tick): Amalgam fillings:___ Gold fillings:___ Root Canal filling:___

Please list all vitamins/minerals/supplements that you currently take:

Please list any medication you are currently taking:

Please indicate main areas of concern holding pain/tension physically:

Describe the pain sharp, chronic, shooting, burning etc: _____

Do these pains impact anywhere else in your body? _____

What aggravates/makes it better? _____

How long have you had the issue? _____

How does this currently interfere you're your life currently? _____

On a scale of 1 - 10, 0 being no pain and 10 being the worst imaginable pain, what is the pain ratings of the area/s of concern? _____

On a scale of 1 – 10, 0 being no energy and unable to go about the day as normal, and 10 being full of energy, how would you rate your energy levels currently? _____

Is there anything else your practitioner should know? _____



By signing this form I understand that my kinesiology practitioner will rely on the information I have provided and I have stated all conditions that I am aware of and this information is true and accurate. I agree to keep my kinesiology practitioner updated as to any changes in my medical profile and understand that there should be no liability on the practitioner should I forget to do so. I understand that kinesiology balances energy and does not diagnose or treat disease. I understand that kinesiology should not be construed as a substitute for medical examination, diagnosis or treatment of any medical condition, and that I should see a physician or other qualified medical specialist for any physical or mental ailment that I have. I understand the clinic has a 24 hour cancellation policy.

Name:

Signed:

Date:
