

Confidential Medical History /Assessment Form

Name: _____ Todays Date: _____

Home Address: _____ City: _____

Post Code: _____ State: _____ Phone: (H) _____ (M) _____

Email: _____ Gender (Circle): M / F Age: _____

Date of Birth: / / Health Fund: _____

Who do we thank for your referral: _____

How did you hear about this clinic: _____

1. Female clients: Are you Pregnant?: Y / N If not, are you planning to be? _____

*PLEASE LET THE PRACTITIONER KNOW BEFORE YOUR NEXT BALANCE, IF YOU BECOME PREGNANT OR DECIDE TO START TRYING TO FALL PREGNANT- THANK YOU.

2. Do you have or have you ever had any of the following conditions:

(If yes please give details in the space provided along with approximate dates)

Back Injury, Surgeries (Y / N) _____

Headaches or Migraine's (Y / N) _____

Major Accident/ Injury (Y / N) _____

Sinus, Jaw or TMJ Problems (Y / N) _____

Asthma or Lung Conditions (Y / N) _____

Abdominal or Digestive Problems (Y / N) _____

Muscle, Bone or Joint Pain, Injury (Y / N) _____

Arthritis, Tendonitis (Y / N) _____

Heart or Circulatory Problems, Varicose veins, Blood Clots (Y / N)

Hormonal Imbalances, Problems (Y / N) _____

Depression (Y / N) _____

Diagnosed mental Episode (Y / N) _____

Diabetes (Y / N) _____

*PLEASE CONTINUE ON THE BACK PAGE

Allergies or Sensitivity (Y / N) _____

Infectious Disease, Skin Rash, Athletes Foot, Nail Fungus (only if current) (Y / N)

Sleep Difficulties (Y / N) _____

Other Medical Conditions not listed (Y / N)

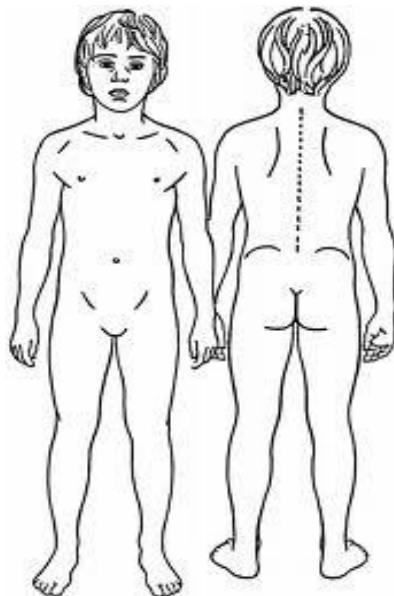
3. List all Current Medication you are taking: _____

4. List all Vitamins, Herbs and Supplements you have had Recently: _____

PAIN AND DISCOMFORT CHART

5) Please circle areas where you have pain and describe your level of pain out of 10 (1= little pain, 10 = highest pain)

6) How long have you had the pain, what makes it worse: _____



*I HAVE LISTED ALL MY RELEVANT CONDITIONS AND HISTORY THAT I AM AWARE OF. I WILL INFORM THE KINESIOLOGY PRACTITIONER OF ANY CHANGES IN MY HEALTH BEFORE MY NEXT BALANCE. I UNDERSTAND THAT KINESIOLOGY BALANCES ENERGY IN MY BODY.

Signed: _____ Date: _____