

INNER ALCHEMY KINESIOLOGY CLIENT FORM

DATE:

Start Time:

End Time:

First Name		Surname		DOB	
Address		Suburb		Postcode	
Occupation		Email			
Mobile		Work		Gender	M F Other

I found out about kinesiology through:

Facebook	Instagram	Google search	Flyer	Other describe:
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Practitioner Notes:

Presenting challenge/s requiring assistance:		
Medical and health background:		
Current conditions:		
List any surgeries:		
Medications:		
Supplements:		
Emotional Issues:		
Relationship / social issues:		
Financial Issues:		
Other:		

Do you have any internal devices such as a pacemaker or are you pregnant? If yes, describe:	Yes No	Do you have any special needs? If yes describe:	Yes No
Do you have any learning challenges? If yes describe:	Yes No	Are you receiving, or have you previously received, support from other therapies/practitioners for the presenting challenges or current conditions? If yes, describe:	Yes No
Do you have any medical test results or referral information? If yes, include with this form.	Yes No	Are you willing to receive an occasional email from Inner Alchemy Kinesiology? Including any upcoming specials, handy stress reduction tips etc.	Yes No

Client Declaration:

I have disclosed the above personal information for the purpose of a kinesiology consultation. I accept full responsibility for all consultations. I agree to cancel appointments for myself or my child with at least 24 hours prior notice; otherwise I am liable for 50% of the consultation fee. If I fail to show up for an appointment, then I am liable for the full fee of the consultation.

Signed: _____ Date: _____