

**Personal Data Sheet**

Name:

Address:

Home telephone:

Mobile:

Email:

Date of birth:

Occupation:

Height:

Weight:

How did you hear about Kinesiology Health?

Reason for visit:

Name of medical doctor:

Are you presently under the care of a doctor or hospital for any condition? If yes, please give brief details:

Are you taking any medication?

Do you take any nutritional supplements? (if so, please do not take them the morning of your appointment and bring them with you)

Any prior illnesses, operations, injuries, accidents:

If a child, any issues with the birth or immediately after?

Known food allergies or insensitivities:

Level and type of exercise/physical activity:

Diet. Please give examples of a typical breakfast, lunch and dinner:

What do you drink in the course of a day, what type of drinks and quantity?

Digestive health:

Do you have regular bowel movements? How frequently?

Any constipation or diarrhoea?

Any bloatedness/heartburn/indigestion?

Any sleep concerns?

Energy levels on a scale of 1 -10 where 10 is excellent?

Current state of health on a scale of 1 -10 where 10 is excellent?

If you are experiencing pain, how bad is the pain on a scale of 1 – 10 where 10 is unbearable?

Anything else you would like to add?

Please email this questionnaire back to [info@kinesiologyhealth.co.uk](mailto:info@kinesiologyhealth.co.uk) or bring to your appointment