



Stephanie Herscovitz
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ATMS Member

Steph Herscovitz Holistic kinesiology – Client history

Date _____

Name _____ Gender M F

Date of birth _____

Phone _____

Email _____

Address _____

Health Insurance _____

Occupation _____

Marital status _____

Children (names and ages)

Pregnant _____

How did you hear about me? _____

Would you like to receive a monthly newsletter? Yes No

Health history

	Yes	No	Details
Heart conditions			
Hypertension (High blood pressure)			
Asthma			
Allergies (food/ medications/ environmental)			
Psychological disorders			
Neurological disorders			
Joint/muscular pain and injury			
Side effects from other treatments			
Fainting			
Epilepsy			
Vaccinations (which ones)			
Amalgam fillings			
Contraceptive pill (which one)			

Blood Type (If known) _____

How long have you been on the pill or when did you come off?

**Current pharmaceutical medication/ nutritional supplements/ herbal
medicine**

Current and previous illnesses/ accidents/ surgery (please indicate details and date)

Have you seen or are you currently seeing any other health practitioners?

Sleep pattern-

Hours per night _____

Difficulty falling asleep? _____

Do you wake during the night? What time usually? _____

Do you urinate at night? _____

Sleep quality- light/ average/ heavy _____

Awake- refreshed/ tired _____

Energy levels-

Rate from 1- 10 (1 being low; 10 being high) _____

Energy slumps? What time of the day? _____

Stress Level -Rate from 1- 10 (1 being low; 10 being high)

Current source of stress

Exercise (Type and frequency)

Menstrual Cycle (days of cycle/ days of bleed/ consistency, colour of blood/ clots, PMS symptoms)

Diet (Any specific dietary needs)

Typical daily intake of water (details of other fluids including juice/ cordial)

Typical daily intake of Coffee/ Tea

Typical daily/ weekly intake of Alcohol

Food/ beverage cravings

Foods/ beverages that cause discomfort

Bowel movements and digestion (How often, stool consistency/ colour)

What is the reason for your kinesiology session?

How are you feeling right now?

Ideally, how do you want to feel after the session? (3 words)

What are your goals?

What are you hoping to get out of your kinesiology sessions?

Is there anything else you'd like me to know?
