



Stephanie Herscovitz

Holistic kinesiology – Client history

Date _____

Name _____ Gender M F

Date of birth _____ Phone _____

Email _____

Address _____

Occupation _____

Marital status _____

Children (names and ages)

Are you pregnant? ___

How did you hear about me or who referred you? _____

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)			

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 (Typical breakfast, lunch and dinner)

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)

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