Clinic Date

CLIENT Consultation Form

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| --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | Age | |  |
| Date of Birth |  | | | Height | |  |
| Address |  | | | Phone | |  |
| Email Address |  | | | Occupation | |  |
| **Reason for attending Treatment?** | | | | | | | |
| **Physical Conditions** (Diagnosis, injuries, pains, aches, ailments, medication for anything) | | | **Current symptoms & Persistent Concerns** | | | | |
| **Mental Health -** (Mood / stress levels / anxiety / OCD / depression /emotional / anger / tearful) | | | **Health since childhood -** Hospital Admissions / operations/ breast fed/ c section / antibiotic use | | | | |
| **Medication & Supplements**  **& reason for taking these** | | **Prescribed Medication** | | | **Natural Supplements** | | |
| **Energy / Sleep** | | | **Exercise -** Walking / gym / physical work / frequency | | | | |
| **Females –** Period Regular / Menopause / PMT / Low mood / Pain / On any contraception? | | | **Have you tried any other therapies?** eg, Reflexology, acupuncture, counselling? | | | | |
| **Self Care Strategies –** Walking, exercise, meditation, relation therapies, reading, digital detox? | | | **Other Relevant information -** Recent blood tests / Antibiotic use / Frequent illness | | | | |

**DECLARATION**- I​ ​accept​ ​treatment​ ​from​ Emma Hassan ​as​ ​a​ Bio​Kinesiologist.​ ​I​ ​understand​ ​Biokinesiology​ ​is​ ​a complementary​ ​therapy​ ​to​ ​be​ ​used​ ​in​ ​conjunction​ ​with, ​ ​and​ ​not​ ​as​ ​an​ ​alternative​ ​to, ​ ​medical treatment. BioKinesiology does not diagnose medical conditions nor prescribe or interfere with medical treatments. It is used as a complement to medical treatment. I accept that I need to check the supplements recommended by Emma Hassan, with my GP or Pharmacist, to make sure there are no contraindications with my medication. I consent to the processing of (my personal data/ the personal data of [ ] the “Minor” of whom I am guardian ) by Emma Hassan in accordance with the General Data Protection Regulation 2018, solely for the purposes of providing me/ the Minor with BioKinesiology treatment in this and any further consultation which I/they may have. The personal data may be retained by Emma Hassan for seven years from the date of such last consultation. I understand it will not be disclosed to any third parties or transferred out of the European Union and I/the Minor may request a copy of it at any time.

Signed By Client Date