 Clinic Date

CLIENT Consultation Form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | | | |
| Date of Birth |  | | Age |  |
| Address |  | | | |
| Phone Number |  | | Email Address |  |
| Occupation |  | | | |
| Sex - (Fe)male |  | Height | |  |

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| **Reason for attending Bio Kinesiology?** | | | | | | |
| **Physical Conditions** (Diagnosis, injuries, pains, aches, ailments, conditions taking medication for) | | | | **Current symptoms & Persistent Concerns** | | |
| **Mental Health -** (Mood / stress levels / anxiety / OCD / depression /emotional / anger / tearful) | | | | **Health since childhood -** Hospital Admissions / breast fed /antibiotic use in past /viruses or illness | | |
| **Dental Health -** Black fillings? Root Canals? | | | | **Alcohol / Cigarette/ Addictions** | | |
| **Digestive Health -** (IBS / Constipation / Bloating / Diarrhoea / Gas / Reflux / Heartburn / Cravings) | | | | **Energy Levels –** High / low / times of day it decreases? | | |
| **Medication & Supplements**  **& reason for taking these** | **Prescribed Medication** | | | | **Natural Supplements** | |
| **Typical Diet - Meal times & content**  **\*Give as much info as possible\* / Cravings (Sugar ) / How much meat / protein / How much fruit / veg** | | | | | | |
| **Breakfast** | | **Lunch** | **Dinner** | | | **Snacks / Drinks**  How much water?  Caffeine / fizzy drinks |
| **Sleep pattern -** Hours of sleep / Do you dream /Grind teeth? | | | | **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, relaxation therapies, reading, baths, digital detox? | | | | **Other Relevant information -** Recent blood tests / Antibiotic use / Frequent illness / past illnesses | | |
| **Do you experience any of the following?** (Delete yes or no as appropriate)  Anger / Temper Yes / No Motivation lacking Yes / No  Anxiety Yes / No Memory / Recall Yes / No  Back Pain Yes / No Muscle cramps / spasms Yes / No  Constipation Yes / No Neck Pain Yes / No  Concentration Issues Yes / No Regular colds / flus Yes / No  Fatigue / Exhaustion Yes / No Repetitive thoughts / memories Yes / No  Fear of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Self esteem issues Yes / No  Grief for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sexual problems Yes / No  Headaches Yes / No Shyness / timid Yes / No  Insomnia Yes / No Skin issues Yes / No  Relationship difficulties Yes / No Unhappiness Yes / No | | | | | | |

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| --- |
| **How do you feel on a scale of 1 – 10 (1 = awful / 10 = fantastic)**  Physically \_\_\_\_\_ Emotionally \_\_\_\_\_ Digestion \_\_\_\_\_ Energy \_\_\_\_\_\_ |

**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

Guidance for your BioKinesiology Treatment

* Once you complete this consultation form, please email back to [emma.hassan@hotmail.co.uk](mailto:emma.hassan@hotmail.co.uk) as soon as possible. The completed form should be sent at least 7 days before your appointment. This will reduce the appointment time spent on the consultation so more time can be given to the treatment.
* To get the most from your treatment, fill out each section as best you can and include all symptoms, diagnosis, medications you are currently taking and if you are using any supplements, herbs or other alternative therapies.
* If you are taking any nutritional supplements, it is recommended to bring these along to the appointment so that we can test to see if these suit your body. To get the most from your Bio Kinesiology appointment it is advisable not to drink any coffee the day of your appointment and to ensure you are well hydrated.
* Bio Kinesiology treats the body using only natural remedies. What your body needs will be recommended to you at the end of the session. Remedies include nutrition, supplements, herbs, minerals, vitamins, bach flower remedies, homeopathy, tissue salts, dietary changes, lifestyle recommendations, mental health suggestions and stress reduction techniques.
* HEAL Kinesiology stocks most of these remedies and you can either purchase these from your practitioner or you will be provided with stockist’s information to purchase your own.
* For your convenience to reduce payment cost on the day and to secure your booking, a deposit of at least £20 is required.
* Heal Kinesiology accepts cash, pay pal payments or debit or credit card using their card reader.
* Please see cancellation policy on the website if you need to reschedule your appointment