

Saci McDonald Energy Kinesiology - Intake Form

Today's Date:

Name:

Phone:

Date of Birth:

Email:

Address:

Occupation:

City:

Height:

State:

Zip:

Weight:

1. List your major challenges you'd like to overcome in order of importance to you:

- 1.*
- 2.*
- 3.*
- 4.*
- 5.*

2. What factors do you think may be contributing to your health challenges? (injury, diet, lifestyle, family history, relationships, stress, illness, job, finances, drug or alcohol use, etc. – rank in order)

- 1.*
- 2.*
- 3.*
- 4.*
- 5.*
- 6.*

3. Are you under the care of a physician and if so, what are you being treated for?

4. Are you currently or have you in the past used the services of any of the following service providers (homeopath, acupuncturist, holistic health or nutritional consultant, chiropractor, massage therapist.)

5. List any medications you are taking and for how long you have been taking them?

6. Briefly explain your dental history.

7. What other illnesses in the past or present do you have?

8. If true, finish this sentence: "I have never been well since...."

9. Have you had any surgeries, shocks, traumas, injuries, accidents, falls, abuses?

10. *Are you accident prone? Explain.*

11. *Do you consume any of the following?(If yes, please indicate how much per week)*

- *Alcohol (Y/N)*
- *Coffee (Y/N)*
- *Cigarettes (Y/N)*
- *Recreational drugs (Y/N)*

12. *Do you like your job (if you are working) and what if any challenges do you have there?*

13. *Describe your relationship with your family and/or significant other.*

14. *List any supplements are you presently taking:*

15. *Do you have any allergies?*

16. *Do you have any food cravings?*

17. *How much water do you drink per day?*

18. *Do you have any scars or tattoos on your body and if so, where?*

19. *If you are currently in pain, where in your body do you feel it and what level is it at from 1 - 10?*

20. *What changes have you noticed in your body?*

21. *Describe how you would like your life to be when you are in perfect health:*

22. *On a scale of 1 to 10, how committed are you to your health?*

23. *Is there anything else you would like me to know?*