

Michael de Groot

Classical Kinesiologist

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Clinic at: The Well Natural Health Centre
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PRIVATE AND CONFIDENTIAL

CLIENT QUESTIONNAIRE

This questionnaire is designed to provide your Kinesiologist information concerning your health and your (health) concerns. It will help your Kinesiologist to tailor the treatment to your individual needs. Please answer the questions as fully and accurate as you can. All information provided will be treated in the strictest confidence.

First Name:

Last Name:

Address:

Post code:

Phone: (work)

(home)

Email address:

Please indicate if you wish to be included on our email/post mailing list: (yes/no)

Occupation:

Age:

Marital status:

Do you have children:

GP's Name:

Address:

Phone:

Health Profile:

Please make a list of all the health symptoms/problems you would like to clear up, and indicate how long you have had these symptoms/problems, e.g.: Headaches 5 years (continue on a separate sheet if you need more space)

Health symptom/problem

Duration

Medication/Supplements & Dosage

1.

2.

3.

4.

5.

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What illnesses have you had had in the past? When, and how long for?

DIAGNOSED DISEASES AND DATES:

What operations and/or accidents have you had in the past? Include major dental surgery

OPERATIONS/ACCIDENTS AND DATES:

Do you suffer from high blood pressure?

If you have brothers and/or sisters, are there any particular illnesses that they suffer from?

State which ones

What illness is/was your father prone to?

What illness is/was your mother prone to?

Women only:

Are you pregnant? If yes how many weeks?

Are you trying to become pregnant?

Please give details of any miscarriages or problems related to pregnancy?

What birth control do you use or when did you stop using birth control?

Are your monthly cycles regular?

Do you suffer from any pre-menstrual problems/symptoms?

Are you post-menopausal?

Are you on HRT?

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Have you been to another complementary health care practitioner before? (If yes, please provide details)

Do you need more than 8 hours sleep a night?

Are you usually wide-awake within 20 min of rising?

Do you need something to get you going in the morning, like tea, coffee or a cigarette?

Do you smoke?

Do you often feel drowsy during the day?

Do you get dizzy or irritable if you don't eat often?

Do you avoid exercise because you are tired?

Do you sometimes lose your concentration?

Is your energy less now than it used to be?

How many units of alcohol do you consume per week?

How many cups of coffee or tea do you consume per day?

Do you add sugar to tea/coffee, or other drinks?

Do you add salt to your food routinely?

Do you suffer from any other symptoms that might not be related to any of the mentioned health problems?

Would you describe your life stressful? If yes please indicate what is currently stressful in your life.

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Please feel free to add anything else that may not have been covered by this questionnaire.

What specifically would you like to get out of your 1st Kinesiology session?

Please detail what you have eaten in the last two days:

Day 1

Day 2

Breakfast:

Lunch:

Dinner:

Snacks and drinks:

Does the above reflect your average daily food intake?

I appreciate that Kinesiologists do not give medical diagnosis or treatment. I understand that I am responsible for the care of myself and/or my dependants.

Signed:

Date: