**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.

*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?*