

## 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?*