

Health and Wellbeing Questionnaire

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In preparation for your Health Kinesiology session/energy healing session, please complete the health questionnaire and bring it along with you for your first session. Completing it at home allows you time to relax, reflect and record everything that may be relevant. To help you achieve your goals, focus on your current health concerns, including any emotional or mental stress you may be experiencing. Please feel free to attach extra sheets if you feel it will be helpful to our work together, include significant reports from your doctor, or alternative practitioner.

Name _____ Date of birth _____

Address _____

Email Address _____ Telephone _____

Name of Child's Parent/Guardian _____ Referred by _____

Please describe the health and wellbeing concerns you would like to address

Personal Health History

Have you consulted a doctor/alternative practitioner about your concerns? Please describe your diagnosis

Current medication/treatment _____

Current nutritional supplements/homeopathic/herbal remedies _____

Childhood illness, injury and shock _____

Adult illness, injury and shock _____

Operations and number of times under anaesthetic _____

Dental history, please include braces, amalgams etc. _____

Describe daily nutritional intake, include gluten free, vegan etc. Is your diet healthy, balanced and varied? Would you like help with this? _____

Suspected allergens ie: food, pollens, household chemicals, fuel etc. _____

Digestion and elimination, include IBS, irregular elimination, constipation etc. _____

Female/male reproductive matters PMT, menopause, pregnancy, prostate gland, infertility etc. _____

Skeletal/muscular function, please include fractures, breaks, torn ligaments, tendons etc. _____

Heart and circulation related disorders, include pacemaker if applicable _____

Energy/vitality levels, describe how you feel about daily energy levels _____

Sleep and relaxation, describe the quality of your sleep and measure you take to relax and rest _____

How do you feel about your lifestyle, social life, home and work _____

Are you successful in meeting your goals? Would you like help with this? _____

Are there any troublesome relationships in your life: family, friends or colleagues? _____

Past _____

Present _____

Names of partner and immediate family member's _____

Painful losses and bereavements: family, friends, pets, jobs, houses etc. _____

Significant habits and phobias, would you like help with this? _____

On a spiritual level, is there anything past/present, that may be relevant to your current concerns _____

I appreciate that a kinesiology/energy healing session is not a substitute for medical care or treatment where more serious disease has been diagnosed. Kinesiologists will not diagnose, this is the responsibility of the doctor or alternative practitioner. Recommendations may be given as strategies to implement your own healing process based upon muscle testing the body. It is at the individual's discretion whether to act upon recommendations given during a session.

This work is not recommended or appropriate for those currently experiencing psychosis or are using drugs/ alcohol on a daily basis.

Children under the age of 16 years must be accompanied by their parent or responsible adult.

Signed _____ Date _____