



# phil clubley

philclubley.co.uk | 07412 280626

In preparation for your first session please complete the relevant information with as much detail as possible. Doing it at home allows you to relax, remember, and record anything that may be relevant to help you get the most from your session(s). All information and discussions are confidential and non-judgemental so please be honest. All sections are optional. Privacy policy is available on [www.philclubley.co.uk](http://www.philclubley.co.uk)

## Contact Details

Name

Address

Date of Birth

Phone

Email

How long have you lived at current address?

GP Name

GP Address

If you change residential address or GP please notify me.

Clients under the age of 16 must have a parent/guardian present during the session.

GP Telephone

## Personal Information

Weight

Are you happy with your weight? Y / N

Occupation

Height

Spouse/Partner

Alcohol Y / N  
week

Units per

Parents

Smoking Y / N

Siblings

Children

## Concerns

What would you like to address in your sessions?

Rate your concerns on a scale of 1 - 10 (1 - issue is of no concern, 10 - issue is all consuming)

## Personal History

Significant Relationships and Emotional History

Family, relationships, friends, work, deaths, incidents which have been traumatic or upsetting or life changing events (positive or negative)

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Are there patterns occurring in your life, whether 'good' or 'bad'?

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### Medical Details

#### Medication

Current or previous

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#### Female Reproductive Issues

Periods, menopause, pregnancy

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#### Childhood Illnesses

plus vaccinations etc

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#### Past surgery or Injuries

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### Diet & Exercise

#### Diet, supplements and food issues

Describe a typical day's eating/drinking and any allergies/intolerances

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#### Exercise and Relaxation

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### Other Information

Any other information you feel you would like to share?

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Any energy healing/spiritual experiences you would like to share?

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**I understand that Kinesiologists do not give a medical diagnosis or treatment. If I have any health concerns it is my responsibility to consult a GP or relevant health professionals. Please sign and date if you agree with this statement.**

**Signature**



7 Weeton Way  
Anlaby  
HU10 6QH

**Date**



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