New Client Kinesiology Form

Date: 8/10/24

Full name: Conny Wladkowski

DOB: 12/11/1983

Phone: 0421078918

Email: conny.hypnosis@gmail.com

Address: 4 Meribula court

Suburb: Taylors Lakes

Postcode: 3038 VIC

Emergency contact & Relationship: Anthony 0425729002

Occupation: Hypnotherapist

Student: /

Children (If yes, ages): 9, 2

Exercise (Hours per week / Intensity): 7 hour walking, roller skating

Issues you would like to resolve: sleep issues, mood up and down 7 7

Level of stress for these issues (1= low and 10 = extreme):

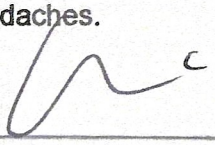
What would you like to work on as a priority: mood

dents / Trauma / Surgery / Illness/Injuries: early stages of cervical cancer at 25 yrs	**Allergies & sensitivities:** coriander
Medications & supplements: /	**Sleep Pattern:** Hours a night and quality 7 wake up at 2:15 every night
Birth & Childhood History: 2 vaginal births	**Behavioural patterns & PMS:** Moods, patterns of feelings and thoughts. up and down
Reproductive & Endocrine: ie hormonal /	**Relevant family history:** Mental illness, physical illness, trauma /
Alcohol/coffee / Dietary: ie avoided food groups no alcohol 2 x coffee/day	**Hydration (litres per day):** 2 l water
Bowel Habits / Bladder: Frequency, time(s), consistency, undigested food. daily	**Respiratory / Heart: ie Asthma, heart palpitations** /

Immune system:	Neurological: ie epilepsy, headaches etc
kids often sick me sick	/
Muscular / Skeletal/ TMJ problems/ Dental:	**Skin (eczema) :**
	No
Senses: (eye sight, smell, hearing)	
/	

Priority columns:

This is to confirm and acknowledge that the abovementioned information is accurate to my knowledge. I give consent for kinesiology balances and have the right to withdraw consent at any time. The kinesiologist has explained the treatment plan to me. I will communicate information, such as pain or discomfort levels, throughout the session to ensure my own safety and effectiveness of the session. I acknowledge that there may be post-treatment effects including feeling very relaxed, emotional, release and muscle soreness, tenderness and headaches.

Signature:  ***Date:*** 8/10/24