KIRSTEN SORENSEN ENERGY HEALING

Kinesiology client intake form

FULL NAME

ADDRESS

MOBILE

EMAIL

DATE OF BIRTH & AGE

EMERGENCY CONTACT NAME & MOBILE

HOW DID YOU HEAR ABOUT US?
IF REFERRED, PLEASE SHARE PERSON'S NAME

BIRTH & RELATIONSHIPS HISTORY

YOUR BIRTH

BORN: EARLY | LATE | ON-TIME

UNASSISTED VAGINAL DELIVERY

CAESAREAN (PLANNED OR EMERGENCY)

ASSISTED VAGINAL DELIVERY (FORCEPS, VACUUM, INDUCED)

COMPLICATIONS

RELATIONSHIP STATUS

SINGLE DATING PARTNER

MARRIED SEPARATED DIVORCED

LENGTH OF CURRENT RELATIONSHIP STATUS

PARTNER/SPOUSE'S NAME

CHILDREN

NUMBER OF CHILDREN

THEIR NAMES & THEIR AGES

SIBLINGS

FAMILY POSITION: ELDEST | MIDDLE CHILD | YOUNGEST | ONLY CHILD

NUMBER OF SIBLINGS

THEIR NAMES & THEIR AGES

PARENTS

PARENTS STATUS: TOGETHER | SEPARATED | RE-PARTNERED | PASSED AWAY | OTHER

HOW WOULD YOU DESCRIBE YOUR RELATIONSHIP WITH YOUR MOTHER?

HOW WOULD YOU DESCRIBE YOUR RELATIONSHIP WITH YOUR FATHER?

WORK/STUDY/OCCUPATION DETAILS

FULL TIME STUDENT BUSINESS OWNER

PART TIME RETIRED STAY AT HOME CARER

LENGTH OF CURRENT WORK/STUDY/OCCUPATION STATUS

DO YOU ENJOY YOUR CURRENT WORK/STUDY/OCCUPATION?

IS YOUR CURRENT WORK/STUDY/OCCUPATION STRESSFUL?

LIFESTYLE DETAILS

RATE ON A SCALE OF 1-10 & PROVIDE DETAILS

CURRENT STRESS LEVEL

CURRENT ENERGY LEVEL

CURRENT STATE OF MENTAL HEALTH

CURRENT STATE OF PHYSICAL HEALTH

CURRENT LIVING SITUATION

SLEEP

WHAT TIME DO YOU USUALLY GO TO BED?

WHAT TIME DO YOU USUALLY FALL ASLEEP?

WHAT TIME DO YOU USUALLY WAKE UP?

DO YOU WAKE DURING THE NIGHT? IF SO, WHY, HOW OFTEN & AT WHAT TIMES?

HOW WOULD YOU DESCRIBE YOUR SLEEP?

HOW DO YOU FEEL WHEN YOU WAKE UP?

OTHER

WHAT ARE YOUR HOBBIES & INTERESTS? HOW OFTEN DO YOU DO THEM?

LIST ANY SUPPLEMENTS OR PRESCRIPTION MEDICATION YOU TAKE

DO YOU SMOKE OR VAPE? IF YES, HOW OFTEN PER DAY?

DO YOU DRINK ALCOHOL? IF YES WHAT TYPE & HOW OFTEN?

DO YOU TAKE RECREATIONAL DRUGS? IF YES, WHAT TYPE & HOW OFTEN?

EMOTIONAL & PHYSICAL STRESS HISTORY

PLEASE CIRCLE ANY OF THE FOLLOWING THAT YOU MAY EXPERIENCE, FEEL STRESS AROUND AT PRESENT OR HAVE DEALT WITH IN THE PAST

ADDICTIONS/COMPULSIONS	ANGER ISSUES	ANXIETY	BACK PAIN
CHILD/PARENTING ISSUES	COMMUNICATION ISSUES	CONCENTRATION ISSUES	FOCUS ISSUES
DECISION MAKING ISSUES	DEPRESSION	DIVORCE/SEPARATION STRESS	EATING DISORDERS
EDUCATION/STUDY STRESS	FAMILY STRESS	FATIGUE/EXHAUSTION	FEAR
FINANCIAL STRESS	FRIENDSHIP STRESS	GRIEF/LOSS	GUILT
GUT HEALTH ISSUES	HEADACHES/MIGRAINES	DIZZINESS	JAW PAIN/TMJ
LEGAL MATTERS STRESS	LONELINESS	MOTIVATION ISSUES	MOVING STRESS
NECK PAIN/TENSION	PHYSICAL PAIN	PTSD	REACTIVITY ISSUES
RELATIONSHIP STRESS	REGRET	REPETITIVE THOUGHTS	SELF-ESTEEM ISSUES
SELF-SABOTAGE	SLEEP ISSUES	TRAUMA	TRUST ISSUES
UNHAPPINESS	WEIGHT ISSUES	WITHDRAWING	WORK RELATED STRESS

REASONS FOR COMMENCING KINESIOLOGY
CURRENT MENTAL/EMOTIONAL/SPIRITUAL/PHYSICAL HEALTH CONCERNS

WHAT DO YOU HOPE TO ACHIEVE OUT OF YOUR KINESIOLOGY SESSION/SERIES OF SESSIONS?

WHAT IS YOUR PRIORITY TO WORK ON DURING YOUR KINESIOLOGY SESSION/SERIES OF SESSIONS?

CLIENT DECLARATION & CANCELLATION POLICY

I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND INDEMNIFY KIRSTEN SORENSEN FROM KIRSTEN SORENSEN ENERGY HEALING OF ANY LIABILITY FOR ANY FALSE OR MISLEADING STATEMENTS GIVEN. IT IS UNDERSTOOD AND ACCEPTED THAT THE SESSIONS PROVIDED BY KIRSTEN SORENSEN ENERGY HEALING ARE OF A REMEDIAL THERAPEUTIC ENERGETIC NATURE AND NOT OF A DIAGNOSTIC/CURATIVE APPROACH. IT IS UNDERSTOOD THAT KINESIOLOGISTS AND INTUITIVE ENERGY AND SOUND HEALING (REIKI) PRACTITIONERS DO NOT DIAGNOSE CONDITIONS, NOR DO THEY PRESCRIBE OR PERFORM MEDICAL TREATMENT, NOR INTERFERE WITH THE TREATMENT OF A LICENSED MEDICAL PROFESSIONAL. IT IS UNDERSTOOD THAT KINESIOLOGY, ENERGY HEALING (INCLUDING REIKI) AND SOUND HEALING DO NOT TAKE PLACE OF MEDICAL CARE. IT IS ALSO UNDERSTOOD AND ACCEPTED THAT THE RESULTS OF KINESIOLOGY SESSIONS (INCLUDING EQUILIBRIUM AND LIMINAL INTERLUDE BALANCES) ARE NOT GUARANTEED IN ANY WAY. THE INFORMATION GATHERED HERE, AS WE ALL ALL NOTES AND INFORMATION TAKEN IN EVERY SESSION, IS KEPT CONFIDENTIAL, SAFE AND SECURE, AND WILL REMAIN THE PROPERTY OF KIRSTEN SORENSEN ENERGY HEALING AS PART OF CLIENT HISTORY RECORD MAINTENANCE. I UNDERSTAND THAT FULL PAYMENT IS TO BE MADE AT THE TIME OF BOOKING VIA THE BOOKING PLATFORM. I AGREE TO GIVE 24 HOURS NOTICE FOR THE CANCELLATION OF ANY APPOINTMENT AND AGREE THAT ANY LATE NOTICES WILL INCUR A FEE OF 100% OF THE APPOINTMENT COST. I UNDERSTAND THAT IF I AM LATE FOR MY APPOINTMENT, THE TREATMENT TIME RESERVED FOR ME WILL BE REDUCED AND THE FULL TREATMENT AMOUNT WILL STILL APPLY. I HEREBY GIVE KIRSTEN SORENSEN FROM KIRSTEN SORENSEN ENERGY HEALING EXPLICIT PERMISSION TO CONDUCT AN LIMINAL INTERLUDE AND/OR EQUILIBRIUM AND/OR KINESIOLOGY BALANCE/SERIES OF BALANCES ON ME.

BY SIGNING THIS FORM. I HEREBY AGREE TO KIRSTEN SORENSEN ENERGY HEALING'S TERMS AND CONDITIONS. SIGNED AND AGREED BY:

FULL NAME

SIGNATURE

DATE