

CONFIDENTIAL RESEARCH INFORMATION

NAME :

AGE:

SEX:

BEFORE YOUR SESSION

Please note how you feel now .10 being the worst symptom and 0 is no symptoms ie: pain/stress/feelings of any kind. You will be asked to compare how you feel now as to how you feel after your session 0 1 2 3 4 5 6 7 8 9 10

How did you find out about Systematic Kinesiology?

What problem caused you to contact ?

How long have you had the condition ?

Have you seen anyone else about this problem or what have you done about getting help ?

Please describe how you feel at the moment ?

Are you in pain or discomfort at the moment ?

How do you feel emotionally ?

AFTER YOUR SESSION: How do you feel now ? Physically / Mentally ?

What is your pain or discomfort Now on a scale of 0 1 2 3 4 5 6 7 8 9 10 ?

PLEASE PRINT AND COMPLETE THIS FORM : BRING IT WITH YOU IF YOU CAN OR YOU CAN FILL ONE OUT WHEN YOU ARE HERE !!

DATE OF SESSION: