



**MEDICAL HISTORY**

Please list past and present information

◇ *Energy Levels* (0=no energy -10=much energy)

Physically:

mentally:

emotionally:

Please list any physical ailments/diseases or aches/pains and imbalances you have had or are currently experiencing:

◇ *Your birth & childhood History:* (Surprise/planned conception? easy/difficult pregnancy/labour? Forceps? Caesarean? Elective/emergency? Premature? Overdue? Breast fed? Normal development?)

Family History - please list any physical, mental or emotional patterns in your family history

Father's side:

Mother's side:

other comments:

*Thank you for sharing information that will assist in a holistic approach to your wellness and sense of wellbeing.  
The information you have supplied is treated with the utmost respect and confidentiality and is not shared with any other person or organisation.*

**PLEASE READ AND SIGN BELOW:**

Michelle Teunon's consultations incorporate bioenergetic kinesiology so that information can be gathered and monitored from the client's energy system. By using manual muscle monitoring, Michelle can determine what may be stressing the energy system and how to make corrections to it.

Michelle Teunon does not directly diagnose, prescribe for, treat or cure any disease or condition. However kinesiology does work to restore the natural energy balance of the meridian system, which in turn, helps to improve the health condition of the body.

Therefore, anyone with any condition can benefit from the application of kinesiology.

***By signing below:***

I understand that I give my consent to Michelle Teunon of Body and Soul Solutions to conduct a consultation with me. I also understand that kinesiology does NOT directly diagnose or treat any physical diseases, disorders, ailments, etc. Kinesiology's work is for the body's underlying energy system.

I understand that kinesiology is NOT psychotherapy. It deals with emotional issues on an energy level, not on a conscious level.

I understand that kinesiology is a complementary health program and does not diagnose disease or conditions, nor does it replace the care of your physician.

SIGNATURE ( or PARENTAL GUARDIAN'S SIGNATURE)

DATE

Please print Parent's name if signing for a minor: \_\_\_\_\_