

art of touch-Kingwood, Shiatsu

Please fill in only what you are comfortable with, and feel free to add anything relevant

Name _____ Date of Birth _____

Address _____

Postcode _____

Telephone day _____ Telephone evening _____

Email _____ Mobile _____

GP _____ Recommended by _____

Occupation _____ Height _____ Weight _____

Domestic Situation _____

Children *their age* _____

Please tell us why you would like Shiatsu _____

Is your life stressful _____

Are you receiving any other treatment _____

Medication, herbs or supplements _____

Allergies _____

What do you normally eat for:

Breakfast _____ Lunch _____ Dinner _____

Snacks _____ Food Cravings _____

Taste preference: sweet salty sour bitter spicy bland other _____

Tea *how much* _____ Coffee *how much* _____

Alcohol *how much* _____ Recreational Drugs _____

Tobacco *how much* _____ *have you smoked in the past* _____

Sleep Pattern _____

Energy / Tiredness _____

Exercise _____ *how often* _____

For Women

Menstruation _____ *type/colour of blood* _____ *amount of blood* _____

Birth Control *what kind* _____ *how long for* _____

Pregnancy *how many and when* normal _____

miscarriage _____ termination _____

Pain *location and type* _____

Stiffness *location* _____

Coldness or Heat *location and type* _____

Headaches *location and type* _____

Eyes _____ Ears _____

Nose _____ Throat _____

Mouth _____ Coughing *type* _____

Breathing _____ Mucus or Phlegm *colour* _____

Chest _____ Heart _____

Dizziness _____ Blood Pressure _____

Circulation _____ Body temperature _____

Stomach _____

Digestion _____

Bowel Movements: *constipation* ___ *diarrhoea* ___ *normal* ___ *how often* _____

Urine *colour and amount* _____ *how often* _____

When you get ill, what do you **usually** get _____

Major illnesses and operations, and date(s)

Accidents and date(s) (broken bones, sprains, etc.)

Family Health Background

Mother _____

Father _____

Brothers _____

Sisters _____

This questionnaire is confidential and I will not share your information with anyone.