

# Deep Tissue Cleansing with Suki Zoë

PLEASE COMPLETE AS THOROUGHLY AS POSSIBLE

name	age	d.o.b.
address	weight-now	& ideal!
	height	
email	blood type/ancestry	
home phone	job	
mobile	romance/living status	
children (age/s)	health aims?	
previous cleansing: how many, when?		

do you have any problems with....(double or triple ✓ tick for extremes)

skin	spine/back pain	stress	allergies
heart	joints	exhaustion	lungs
blood pressure	arthritis	insomnia	headaches
liver	circulation	depression	toothache
kidneys	varicose veins	addictions	asthma
bladder	herpes	eating disorders	thrush/candida
colon disease	HIV	cholesterol	diabetes
cancer	hepatitis	cosmetic surgery	hypoglycemia
hernia	thyroid	tonsillitis	steroids
spleen/pancreas	immune system	dandruff	mercury fillings

how often do you go to the loo (pooping)?.....  
 have you ever had food poisoning/ been sick/had parasites .....  
 when did you last have vaccinations.....

constipation	diarrhea	ibs	use laxatives
piles	gas	bloating	indigestion
appendicitis	diverticular	heartburn	ulcer

# Deep Tissue Cleansing

women:

pregnant now	pms	on the pill	fibroids
menopause	hysterectomy	had a c-section	IUD
endometriosis	PCOS	normal periods	other

list any you are having, or have affected your health- please continue overleaf if you need...

herbs, homeopathy, supplements
bodywork
medication
operations

a typical days food:

breakfast	
lunch	
dinner	
fluids	
snacks	
what is your biggest weakness?	

do you?:

chew properly	comfort eat	stop when full	relax
exercise - what kind?			

