

PROFESSIONAL DEVELOPMENT KIT

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This packet is designed to provide a general understanding why documenting your sessions is an essential part of presenting yourself professionally to your clients and the community at large.

Contents of the Professional Development Kit include:

1. Ten reasons to document your results.
2. Professional discussion and guidelines for developing Client Interview, Understanding and Consent, Results Tracking, and Quotation/Testimonial Release Forms.
3. Sample Client Interview, Understanding and Consent, Results Tracking, and Quotation/Testimonial Release Forms.

As natural alternative healing approaches become more and more main stream among the population, it is critical that the Kinesiologists conduct their sessions in a professional manner, documenting sessions/results like any other health profession.

Hopefully, the following discussion will encourage you to begin documenting your sessions, if you are not already doing so. Taking responsibility for your skill as a Specialized Kinesiologist not only increases your professional rapport with your clients, but raises the standards for the alternative health field as well.

The ASK-US represents many branches of Energy (Specialized) Kinesiology, each having its own vernacular for the muscle testing process. Some organizations refer to the process as muscle testing, muscle checking, muscle monitoring. Throughout this document the term muscle monitoring will be used for consistency purposes but is interchangeable with the other aforementioned terms.

The sample forms are designed to help get you get started. Bear in mind that the release statements have not been reviewed/approved by a lawyer. For your own protection, we advise that your forms be adjusted for your practice and particular skills, and approved by your lawyer, prior to use.

We invite and encourage you to explore this packet and design your own client interview, releasing, tracking, and quotation release forms.

Empower your work by documenting and tracking results.

Ten Reasons to Document Your Sessions

Recording the client interview and sessions:

1. conveys personal integrity, quality assurance and accountability relative to your professional practice,
2. documents whether the condition has been medically diagnosed,
3. provides opportunity to gather personal and family history which may impact on current or future sessions,
4. serves as a starting point for kinesiological inquiries,
5. allows for review of previous work and unresolved issues prior to the session,
6. tracks client progress over time,
7. supplies written records to observe repetitive patterns which may go unnoticed otherwise,
8. enables the Energy (Specialized) Kinesiology Practitioner to observe the evolution of his or her own personal and professional growth,
9. serves as evidence of services rendered for insurance reimbursement, and
10. provides case histories to draw from when promoting yourself and Energy (Specialized) Kinesiology in literature, lectures and class instruction. (Client /consumer confidentiality should always be maintained and consumer release/permission obtained before quotes or actual names are used.)

The Consumer Interview Form

In gathering sample consumer interview forms from professional members, it becomes obvious that interview forms are as varied as the Energy (Specialized) Kinesiologists using them. Although the forms vary according to discipline, experience and personal preference, the following six elements are common components for developing a professional Consumer Interview Form.

1. **Personal/Consumer History** –The consumer's name, address, home and work phone numbers, as well as the date, generally appear at the top of the form. This information allows you to be able to contact the consumer to confirm or change appointments or for follow-up care. It also allows you to create a mailing data-base to promote additional services, obtain referrals or conduct consumer satisfaction surveys. If the date of birth is included, birthday cards can also be sent out as a means of fostering good will and promoting your business.

The depth of consumer history depends on the nature of your practice, the number of disciplines employed, experience and personal preference. As one integrates multiple healing approaches/modalities, the length and types of questions may change accordingly. It is common to redesign your consumer interview form from time to time as the nature of your work evolves. Keep in mind that only useful, pertinent questions should be included.

The Personal/Consumer History can be contained either within the Consumer Interview Form or as a separate intake sheet to be filled out prior to the first session.

2. **Reason for Session** –Allow space for the consumer to express, in their own words, why they have come to see you. More often than not, the consumer knows why they are experiencing the dis-ease/issue(s). Many Buddhist and Eastern religions, as well as more modern day psycho-synthesis approaches, advocate that the answers lie within. By honoring the process and trusting the consumer's innate intelligence, the consumer will generally provide insight as to the origin of the issue(s).

Make sure that you find out if the condition has been diagnosed and by whom. This way, if your files should be reviewed by outside third parties, it will be less likely that your muscle monitoring notes will be misconstrued as diagnosing. **Remember that a Energy (Specialized) Kinesiologist must never diagnose or prescribe. This is practicing medicine without a license and is illegal.** Also, if you sell supplements or herbal remedies, be careful not to represent them as cures for specific ailments. This can be and has been considered diagnosing/prescribing.

3. Documentation of Results This is a very important segment of the record keeping process. It provides the practitioner and the consumer with a measure of change as a result of the session or series of sessions. The following method, although relatively simplistic, utilizes the quality of life measure of health. This approach uses a subjective rating scale to quantify wellness. The consumer is asked to rate their dis-ease/issue(s) with the condition or situation before and after the session(s).

By tracking your results over a period of time, you can begin to analyze your overall success rate, as well as for various types of conditions. This alerts you as to what is or is not working in your Energy (Specialized) Kinesiological processes.

For documentation purposes, the question might be phrased as "Using a scale of 1 to 10, please rate the degree of dis-ease, pain or discomfort (10 being the highest or most unbearable pain/discomfort and 1 being free of any pain/discomfort)."

Make sure the consumer subjectively rates the discomfort before as well as after the session. The rating process could be completely subjective (as sensed by the consumer), or the practitioner can muscle check what the rating is. Select one method and use it consistently to determine before and after rating scores for all your sessions.

It is helpful to keep in mind that we are only facilitators in the healing process. The ultimate responsibility of well-ness lies with the consumer and therefore, not getting the expected/desired result, may not be a reflection on your Kinesiological skill.

4. Session Notes This section would generally include a concise definition of the issue or issues to be worked on. After balancing self and the consumer, muscle monitor consumer to assure that the issue(s) is correct and accurately defined and nothing else needs to be added. Then record accurately what comes up and the disciplined approaches and techniques used to restore balance.

Note taking often uses common symbols/abbreviations which are used by all practitioners of a particular Energy (Specialized) Kinesiology. This ensures that if some consumer moves or if you would like to have an instructor or another associate review consumer's history/progress (with their permission), they would easily be able to follow your notes.

If note taking/documentation has not been adequately covered by your Energy (Specialized) Kinesiology instructor, be sure to follow up with questions until you feel comfortable with the process.

Prior to representing yourself as an Energy (Specialized) Kinesiologist, gain sufficient training and experience. Once you exchange monetary compensation for your services, you become legally accountable for your actions. The documentation process enables you to demonstrate that you acted in a responsible and professional manner.

5. Consumer Feedback This is of particular importance, not only to ensure that you obtain the desired result, but also to have the consumer observe progress in their physical, emotional and mental states. Having a consumer view themselves in a mirror is often a useful way to enable them to see changes. At the very least, muscle monitor whether the consumer's indicator muscle stays strong when the stressor situation is reintroduced. This way, the consumer can experience the shift in muscle response.

6. Consumer Homework In many cases it may be helpful for the consumer to participate in their own healing process at home or in between sessions. Muscle monitor to determine if any homework would be useful. Homework may take the form of affirmations, certain exercises, breath work, sleep, something pertaining to work, diet, reading, etc.

You may want to have a second version of the Consumer Interview Form for subsequent sessions, which excludes detailed Personal/Consumer History and Consumer Release portions. This allows more space for taking notes.

Understanding and Consent Statement

The Understanding and Consent Statement is designed to provide legal protection by having the consumer sign a written statement of understanding and consent. The statement should indicate:

- that the consumer understands that muscle monitoring accesses the innate body intelligence;
- that the information that comes up during a session needs to be weighed by the consumer, and as deemed necessary, by a medical professional;
- and is not to be misconstrued as a medical diagnosis.

The form should also include a statement of consent to the session.

The Understanding and Consent Statement could be a separate form or included as part of your Consumer Interview Form.

Whether an understanding and consent statement will hold up in a court of law has yet to be determined. Generally speaking, most practitioners and legal advisers feel it is better to have one than not.

CONSUMER INTERVIEW AND CONSENT FORM

Name: _____ Home Phone: _____
Address: _____ Office Phone: _____

REASONS FOR SESSION

Why are you here? Briefly describe any symptoms and how long you have had them.

Has your condition been professionally diagnosed and, if so, by whom?

Based upon your own experience with the condition, share any additional information or personal insights that you feel might be helpful.

RESULTS TRACKING RATIO

Using a rating scale from 1 to 10 (highest), please rate the degree of dis-ease, pain or discomfort.

Before Session: _____ After Session: _____

UNDERSTANDING AND CONSENT

I understand that muscle monitoring accesses my innate bodily intelligence that part of me which governs my heart rate, breathing and other bodily functions that occur without my conscious awareness. Any information revealed by my innate bodily intelligence is for educational purposes and is to be weighed by me and discussed with my medical doctor(s) as I deem necessary, and is not to be misconstrued as a medical diagnosis.

I consciously consent to this and subsequent sessions should I choose to continue treatment.

Signature: _____ Date: _____

SESSION NOTES

CONSUMER FEEDBACK

CONSUMER HOMEWORK

CONSUMER SESSION FORM

Consumer Name: _____

Date: _____

REASONS FOR SESSION

RESULTS TRACKING RATIO

Using a rating scale from 1 to 10 (highest), please rate the degree of dis-ease, pain or discomfort.

Before Session:

After Session:

SESSION NOTES

SESSION NOTES

CONSUMER FEEDBACK

CONSUMER HOMEWORK

CONSUMER INTERVIEW FORM

Name:

Home Phone:

Address:

Office Phone:

LIFE STYLE CHOICES

Do you exercise regularly?

How often per week?

Do you smoke?

Packs per week?

Do you consume alcohol?

How often per week?

REASONS FOR SESSION

Please list your present symptoms/complaints/issues:

Has the condition(s) been professionally diagnosed? If so, by whom?

What are your specific goals for improving your health/well-being?

Short Term :

Long Term:

RESULTS TRACKING RATIO

Using a rating scale from 1 to 10 (highest), please rate the degree of dis-ease, pain or discomfort.

Before Session:_____ After Session:_____

SESSION NOTES

CONSUMER FEEDBACK

CONSUMER HOMEWORK

EXAMPLE 4

CONSUMER INTERVIEW AND CONSENT FORM

Name: _____ Date: _____

Address: _____ Birth

Date: _____

City/State/ZIP: _____ Height: _____ Weight: _____

E-Mail: _____ Phone

(H): _____ (W) _____

Occupation: _____ FT: _____ PT: _____ Hr. per

Wk: _____

Marrital Status: Single: _____ Married: _____ Divorced: _____

Widowed: _____

Do you have children? Yes _____ No _____ If yes, please give

ages: _____

Spouse s'

Name: _____ Occupation: _____

Physician s Name: _____ (MD, DO, DC, OMD)

Phone: _____

Who referred you?

MEDICAL HISTORY

Date of last Physical Exam: _____ Bloodwork: _____ Urinalysis: _____

Have you ever had surgery: Y _____ N _____ If yes, please

describe _____

Do you have a history of trauma, auto accidents, falls, etc.? Y _____ N _____ If yes, please describe: _____

Do you have any spinal problems? Y _____ N _____ If yes, please describe: _____

Please indicate below by marking as follows: 1 = present condition

2= previous condition

___ Headaches

___ Disc Problems

___ Diarrhea

___ Dizziness

___ Hip Pain

___ Constipation

___ Neck Pain

___ Leg Pain

___ Prostate Problem

___ Lightheadedness

___ Knee Pain

___ Impotence

upon standing

___ Ankle/Foot Pain

___ Urinary Tract Problems

___ Neck Tightness

___ Arthritis

___ High Cholesterol

___ Shoulder Tightness

___ Tendinitis/Bursitis

___ High Blood Pressure

___ Numbness & Tingling

___ Asthma/Bronchitis

___ Heart Condition

___ Elbow Pain

___ Fatigue

___ Diabetes Type yI/Type II

___ Upper Back Pain

___ Frequent Colds

___ Varicose Veins/Blood Clots

___ Mid-Back Pain

___ Allergies

___ Other _____

___ Low-Back Pain

___ High Stress

___ Back Stiffness

___ Ulcers

Please list below any family members who have had the following:

Heart Disease _____

Stroke: _____

Kidney Disease _____

Diabetes: _____

Liver Disease: _____
Cancer: _____
High Blood Pressure: _____
Other: _____
Do you have skin rashes, irritations, or open sores? Y _____ N _____ If yes, please describe: _____
Do you smoke? Y _____ N _____ If yes, how often and for how long: _____
Do you exercise regularly or participate in any sports? Y _____ N _____ If yes, how often and what kind: _____

Have you had any problems keeping weight off/on in the past or present? Y _____ N _____
If yes, what do you feel is the most likely cause? Improper diet: _____ Lack of or inconsistent exercise: _____
Mental/emotional stress: _____

Other: _____
Which, if any, of the following medications are you presently taking:

___ Antacids	___ High Blood Pressure Medication
___ Antidepressants	___ Hormones
___ Aspirin/Tylenol/Ibuprofen	___ Oral Contraceptives
___ Anti-inflammatories	___ Pain Killers
___ Antibiotics/Antifungal	___ Relaxants/Sleeping Pills
___ Antidiabetic/Insulin	___ Thyroid
___ Chemotherapy	___ Ulcer Medication
___ Heart Medications	___ Other _____

Do you drink alcohol? Y _____ N _____ If yes, what types and how often:
Do you use stimulants (Coffee, tea, drugs, etc.)? Y _____ N _____ If yes, what types and how much:
Please list any vitamin/mineral supplementation you are presently taking:
Have you ever had a professional therapeutic massage? Y _____ N _____ If yes, how long ago? _____
Do you wear contact lenses? Y _____ N _____

REASON FOR SESSION

What is the primary reason for your appointment today?
What results would you like to see from this initial session?

RESULTS TRACKING RATIO

Using a rating scale from 1 to 10 (highest), please rate the degree of dis-ease, pain or discomfort.
Before Session: _____ After Session _____

UNDERSTANDING AND CONSENT

I understand that the therapy offered here is for the purpose of stress reduction, relief from muscular tension or spasm, or for increasing circulation and energy flow.

I understand that the practitioner does not diagnose illness, disease or any other physical or mental disorder. As such, the practitioner does not prescribe medical treatment or pharmaceuticals, nor does the practitioner perform any spinal manipulations. It has been made very clear to me that this energy/body work is not a substitute for medical examination and/or diagnosis and it is recommended that I see a physician for any physical ailment that I might have.

Because it is important for this practitioner to be aware of existing physical conditions, I have stated all my known medical conditions and take it upon myself to keep the practitioner updated on my physical health.

Signature: _____

Date: _____

Witnessed: _____

Date: _____

EXAMPLE 5

CONSUMER INTERVIEW AND CONSENT FORM

Name: _____ Date of Birth: _____ Current Age: _____

Address: _____ Home

Phone: _____

_____ Office

Phone: _____

_____ Fax: _____

Referred By: _____ E-Mail

Address: _____

PERSONAL HISTORY

Marital Status:

Single _____ Married _____ Divorced _____ Widowed _____

Occupation: _____ Number of Hours a week: _____

Number and ages of: Siblings: _____ Children: _____ Grand

Children: _____

Family Members now deceased:

Parent's marital status during

childhood: _____

Anyone else who lived in your home during your

childhood: _____

Where did you grow up? _____

Any significant events, accidents, traumas?

Any problems with: Sleep _____ Dreaming _____ Appetite _____ Digestion _____
Please elaborate:

Any particular food cravings?

Taking any medication and if so, please list here.

How much physical activity do you get generally in a week?

REASONS FOR SESSION

What are your symptoms and how long have you had them?

List any other pertinent information that you believe would help make this session more effective for you?

What is your primary goal for the session? How will you know when you have achieved it?

RESULTS TRACKING RATIO

Using a scale from 1 to 10 (highest), please rate the degree of dis-ease, pain or discomfort.

Before Session:

After Session:

UNDERSTANDING AND CONSENT

I understand that there is no guarantee of specific results from an Energy (specialized) Kinesiology balancing session. I further understand that _____(practitioner s' name) has not presented Energy (specialized) Kinesiology balancing sessions as a diagnosis or prescription for any disease or condition, nor does he/she advocate it as a replacement for conventional medical care or therapy. I retain full responsibility for my health and well-being and am undertaking the Energy (specialized) Kinesiology sessions in promotion of my best interests.

Signature: _____ Date: _____

Witness: _____ Date: _____

(Parent or Guardian must sign for minor)

EXAMPLE 6

CONSUMER INTERVIEW FORM

Name:

Home Phone:

Address:

Office Phone:

CORE ISSUES EVALUATION

From the list below circle the major negative stresses currently in your life.

- | | |
|----------------------------------|----------------------------------|
| 1. Low Self-esteem | 10. Too trusting or can't trust |
| 2. Limiting belief system(s) | 11. Procrastination |
| 3. Compulsive behaviors | 12. Confidence/poor organization |
| 4. Dyslexia, learning disability | 13. Perfectionism |
| 5. High stress, anxiety, worry | 14. Struggle for survival |
| 6. Lack of purpose in life | 15. Self-condemnation or shyness |
| 7. Deep frustration or anger | 16. Guilt or shame |
| 8. Indecisive or indifference | 17. Unresolved grief |
| 9. Low energy or lethargy | 18. Depression |

- 19. Relationships
- 20. Blocked creativity
- 21. Fear or Phobia
- 22. Denial or avoidance
- 23. Mood swings
- 24. Control/authority

- 25. Physical pain
- 26. Sexual issues
- 27. Career issues
- 28. Money management issues
- 29. Time utilization
- 30. Other_____

Using your own words, describe why you are here.

What do you hope to achieve as a result of this session?

RESULTS TRACKING RATIO

Using a rating scale from 1 to 10 (highest), please rate the degree of dis-ease, pain or discomfort.

Before Session:

After Session: