

**All information will be kept confidential

Date: _____

Name: _____

Address: _____

Phone Home: _____ Cell: _____ Work: _____

Email: _____

Date of birth: _____

How did you hear about this clinic?

word of mouth website practitioner referral _____ Advertising material

PART 1

* Please answer the following questions to the best of your ability

What are your reasons for today's visit?

Do you have desired goals for these sessions? What are they?

Relevant medical history (surgeries, accidents, etc):

List the medications (including over the counter) you are presently taking:

Please list any other healthcare professionals you are seeing:

Please list any medical tests you have had within the past year:

PART 2

* Please note any concerns/problems you have with the following:

DIGESTION: _____

RESPIRATORY: _____

CARDIOVASCULAR: _____

URINARY: _____

NERVOUS SYSTEM: _____

MUSCLES / JOINTS: _____

OTHER: _____

Allergies? List: _____

PART 3

- My family stress is: None Minimal Moderate Severe
- My relationship stress is: None Minimal Moderate Severe
- My work stress is: None Minimal Moderate Severe
- My financial stress is: None Minimal Moderate Severe
- My health stress is: None Minimal Moderate Severe
- My emotional stress is: None Minimal Moderate Severe
- Other stress is _____: None Minimal Moderate Severe

PART 4

What is your occupation: _____ Hours of work per week _____

How many hours per week do you have for yourself? _____

What do you do to relax: _____

Do you exercise? Yes No If so, what kind? _____ and how often? _____ (per week)

____ Cigarettes/ week ____ Alcohol/week ____ Caffeine/ week ____ Drugs/week

Any nutritional lifestyle/routine/diet? _____

How many hours a night do you sleep? _____ Is your sleep restful? Yes No

If not, please explain: _____

Cancellation policy:

Since time has been especially reserved for me, I understand that a 24-hour cancellation is required to avoid the full charge for my scheduled session. _____ (initials)

BodyTalk Informed Consent Form



I _____ (print name) understand that the BodyTalk session provided by this Certified BodyTalk Practitioner is intended to enhance relaxation, increase communication within the areas of the body, and to educate me to possible energetic or emotional blocks that may create pain and disease. BodyTalk is non-invasive, safe, and objective. It utilizes the body's own innate intelligence to reestablish communication within itself.

I understand that BodyTalk is not a substitute for medical treatment or medications. I am aware that the BodyTalk Practitioner does not diagnose illness or disease nor does the Practitioner prescribe medications.

Printed name: _____

Signature: _____

Date: _____