

Please provide the following information, it will be kept confidential.

Full Name _____ Age or Date of Birth: _____

Postal Address: _____

Email Address: _____ Phone number: _____

Occupation: _____ Text number: _____

Do you live with partner/friend/family _____ live alone _____

Number/age children _____

Emergency Contact, name and phone number: _____

Current condition, please explain your intention for the visit, describe any injury/pain or dysfunction, and how and when it started.

List any therapy you have had/are having for this condition _____

Health conditions, past and present _____

List any/all medication/drugs you take, what it's for and how long have been taking it. _____

List any recreational drugs you use and how often _____

List any surgery you have had _____

List any significant past injuries, accidents or trauma (physical/mental/emotional) _____

Do you have any other health concerns? _____

Sign and date here... Page 1 Please turn over

Do you have problems with the following? Please explain:

- Digestive system _____
- Sleep _____
- Mental/emotional _____
- Breathing _____
- Memory _____
- Fatigue _____
- Reproductive system _____
- Dental _____
- Vision _____
- Hearing _____

What is your current level of stress? None Low Moderate High Severe _____

What is your primary source of stress? _____

How do you cope with stress? _____

List the type of exercises you do and the frequency: _____

List the activities/hobbies you enjoy and participate in regularly: _____

Have you ever received Craniosacral Therapy? Yes No If so, how was your experience?

What are your expectations from this session? _____

Permission to send correspondence through email: Yes or No; through text: Yes or No, or phone call and voice message only?

- I acknowledge that any information collected as part of my notes, remains private and confidential and will only be disclosed to third parties with my permission.

My Emergency Contact Person is: _____

- I certify that the above medical information is correct to my knowledge.

- I will endeavour to turn up for sessions booked and provide advanced notice of need to reschedule or cancel my booked time.

- Inappropriate touch of any kind by the practitioner or the client is a breach of BCST ethics.

- Self-improvement and self-care require commitment on my part and that I must be willing to change in a positive way, if I am to receive the full benefit of Biodynamic Craniosacral Therapy.

- I understand that this therapy is not intended to diagnose, treat, cure or prevent any disease. I understand that any information provided to me is educational, intended to enhance my awareness and to be used at my own discretion.

Medical advice must only be obtained from a physician or qualified health practitioner.