

BodyTalk Questionnaire

Name _____ Home Phone _____
Cell Phone _____

Address _____ City _____ State _____ Zip _____

Age _____ Date of Birth _____ Marital Status _____ # of children _____

Occupation _____

List Meds:

___Laxatives ___Anxiety Meds ___Sleeping Pills ___Insulin ___Blood Thinners ___Aspirin ___Tylenol ___Minerals

___Vitamins ___Herbs ___NutraSweet ___Birth Control Pills ___Hormone Replacement: specify:

Are you diabetic?

Do you have sleep problems? Explain:

List Allergies:

Mother's health issues:

Father's health issues:

Please read and sign:

I understand that BodyTalk practitioners do not diagnose or treat any illness; nor do they prescribe medications. The BodyTalk session is intended to enhance relaxation, increase communication within areas of the body, and to educate me to possible energetic or emotional blocks that may contribute to pain and disease. The BodyTalk System utilizes the body's own innate intelligence to reestablish communication within itself. I understand that the BodyTalk System is not a substitute for medical examination, diagnosis, or treatment, and any medical concerns should be addressed with a qualified physician. Information exchanged during any session is educational and to be used at my discretion. I understand that information imparted during these sessions is strictly confidential and will not be shared with anyone without my written permission.

Client Signature _____

Date _____

BodyTalk Questionnaire (page 2)

Please list the 5 to 10 main stresses in your life since birth (events, emotions, traumas, conditions, illnesses etc, current or at any point in your life):

Phobias:

Accidents or Injuries with the year they occurred in your life:

Surgeries with your age:

Addictions:

Viruses:

Your Primary concern/goals/outcome for this treatment:

When did you first notice this concern/condition/injury?

What else significant was going on in your life during the days, weeks, months before you noticed this condition/had the injury?

What happens just prior to its surfacing or when do you notice discomfort most?

What aggravates it?

What alleviates it?