

Name					Date		
Address				City		ST	Zip
Phone				Age, (birthdate, time, birthplace)			
Email							
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	# of Children (Ages)		

Part 1 – Please answer the following questions honestly and to the best of your ability.

Please describe the areas of your health that you would like to see improvement in, from most troublesome to least. Please include dates when each issue occurred.

Health or Other Issue You'd Like to Focus on...	Date of onset

Past medical history (previous injuries, accidents, surgeries, etc.) Please describe and include approximate dates:

List the medications, vitamins, supplements (including over the counter, herbal or homeopathic) **you are presently taking:**

History of Chemical Stressors

- Have you taken antibiotics in the past? If so, when? _____
- Do you regularly consume: Alcohol Recreational drugs Artificial sweeteners Refined sugar
 Caffeine Tap water Tobacco

Comments: _____

Please describe your diet:

What would a successful BodyTalk treatment outcome look like for you?

History of Emotional Stress: Use the drop down for the severity of historic or current stressors for you. 0 = no stress, 5 = most severe

Please indicate your CURRENT stress level in each area below.

0 2 3 4 5	Abuse	0 1 2 3 4 5	Job loss	Family:	<input type="radio"/> None	<input type="radio"/> Minimal	<input type="radio"/> Moderate	<input type="radio"/> Severe
0 1 2 3 4 5	Childhood	0 1 2 3 4 5	Lifestyle change	Relationship:	<input type="radio"/> None	<input type="radio"/> Minimal	<input type="radio"/> Moderate	<input type="radio"/> Severe
0 1 2 3 4 5	Commuting	0 1 2 3 4 5	Loss of a loved one	Work:	<input type="radio"/> None	<input type="radio"/> Minimal	<input type="radio"/> Moderate	<input type="radio"/> Severe
0 1 2 3 4 5	Divorce/separation	0 1 2 3 4 5	Move	Financial:	<input type="radio"/> None	<input type="radio"/> Minimal	<input type="radio"/> Moderate	<input type="radio"/> Severe
0 1 2 3 4 5	Family	0 1 2 3 4 5	Parents' divorce	Your Health:	<input type="radio"/> None	<input type="radio"/> Minimal	<input type="radio"/> Moderate	<input type="radio"/> Severe
0 1 2 3 4 5	Financial	0 1 2 3 4 5	School	Other:	<input type="radio"/> None	<input type="radio"/> Minimal	<input type="radio"/> Moderate	<input type="radio"/> Severe
0 1 2 3 4 5	Friends	0 1 2 3 4 5	Work					
0 1 2 3 4 5	Illness	0 1 2 3 4 5	Other					
0 1 2 3 4 5	Illness of loved one							

What areas of your life give you joy and energy?

Do you exercise? And if so, what kind and how often?

How many hours a night do you sleep? Is your sleep restful? If not, please explain:

Have you had any past experiences that still affect you deeply (trauma, accident, grief, vaccine, illness, etc.)?

Do any family members have similar health issues? If so, please describe:

Part 2

Please list areas of pain (i.e. right shoulder, left ankle/front side) and indicate (mark/bold) the circle that best describe the level of discomfort on a scale of 1 to 10

- 1. Slight awareness of discomfort.
- 2-3. Awareness of discomfort as an aggravation.
- 4-6. Pain strong but you are still functional.
- 7-9. Pain is so strong you are unable to function normally.
- 10. You feel like you need to go to the emergency room.

Area of pain?										Area of pain?									
①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
Area of pain?										Area of Pain?									
①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩

INFORMED CONSENT POLICY

I _____ (print name) understand that the BodyTalk/BodyIntuitive session provided by this BodyTalk/BodyIntuitive Practitioner is intended to enhance relaxation, activate healing, and to educate me to possible energetic or emotional blocks that may create pain and disease. BodyTalk and BodyIntuitive are non-invasive, safe, and objective. They activate the body's own innate healing potential to balance emotional, physical, and spiritual health.

I understand that BodyTalk and BodyIntuitive are not substitutes for medical treatment or medications. I am aware that the BodyTalk/BodyIntuitive Practitioner does not diagnose illness or disease nor does the practitioner prescribe medications. I am aware that my session transcripts can be used anonymously for training purposes (changing critical details so I am not identifiable) with my prior permission.

I have read, understood, and agreed to the above terms.

Signature

Date

Referred by
