



Client Questionnaire

Name & Firstname:

Address:

Phonenumber:

E-Mail:

Date of birth :

Civil status :

Profession:

Previous occupations :

How was **your own birth**? I do not know easy & quickly complicated & long

traumatic & life - treathening

Do you have kids ? Yes No

Name & birth year of the children ?

How did your child/ren come to life ?

spontaneous delivery C-section – planned ? Yes No emergency c-section

Had there been any pregnancy or birth **complications**?: if yes, wich ones?:

Do you know what **craniosacral therapy** is?

Treatment order/reason of your visit:

sources of strenght (hobbies/joy) :

current ailments or illnesses (surgeries, accidents,psychological stress... etc) ?

What helps to **ease** the ailment?

What makes it **worse**?

Ongoing medical or therapeutic **treatment**? If yes, what kind of? How long for already?

Are you on **medication**? If yes, what kind of? How long for already? Dosage?

previous ailments (i.e. illnesses, accidents or surgeries since childhood) ?

Any life changing experiences/events during life? (When? What?)

Anything else of importance for the therapy?

You are asked to inquire about the cost contribution from your health insurance or accident insurance and are liable for the treatment costs.

This holistic method can trigger physical and/or mental reactions.

If you are unsure about something, please do not hesitate to contact me on ☎ **079 446 70 34** or via E-Mail on info@craniosacral-praxis-huwiler.ch

My privacy policy you'll find on www.craniosacral-praxis-huwiler.ch

Is it ok for your to receive the **Invoice** via E-Mail? Yes No

Doctor's name & address:

Release of the medical secrecy (mutually) for the above-mentioned doctor and Sabina Huwiler?
Yes No

Cost bearer:

Health insurance Accident insurance Name of the insurance:

I confirm with my signature the accuracy of my information.

place, date:

signature: