



Questionnaire - child

Child's name & firstname:

Parent's name & firstname:

Siblings (name & birthyear):

Address:

Phonenumber:

E-Mail (parent):

Date of birth:

How was the birth? spontaneous birth planned C-section
 emergency c-section

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

Do you know what craniosacral therapy is?

Questions in regards of your child:

Treatment order/reason of your visit:

hobbies/joy/source of power :

current or previous ailments or illnesses?

Recent surgeries or accidents?

What helps or helped to ease the ailment?

What makes it even worse?

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

Is your child on medication? If yes, what kind of? How long for already? How frequently?

Any special events in the last six months or longer ago? (When? What?)

Anything else what could be important to know for the therapy?

The parents inquire about the cost contribution from the child's 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 my website

Doctor's name & address:

Release of the obligation of confidentiality towards the above-mentioned doctor?

Yes

No

Cost bearer:

Health insurance

Accident insurance

Name of the insurance:

I confirm with my signature the accuracy of my information.

town, date:

signature: