



Client Questionnaire

Name & Firstname:

Address:

Phonenumber:

E-Mail:

Date of birth :

Civil status :

Profession:

Do you have kids ? ☐ yes ☐ no

Previous occupations :

vintage of the children ?

How was the birth of your children?

☐ 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?

Treatment order/reason of your visit:

hobbies/joy/sources of power :

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

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?

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

previous ailments (illnesses, operations, accidents since your childhood) ?

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: