



Questionnaire - child

Child's name & firstname:

Parent's names & firstnames:

Siblings (name & birthyear):

Address:

Phonenumber:

E-Mail (parent):

Date of birth:

How did your child 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?

Questions in regards of your child:

Treatment order/reason of your visit:

joy/source of power/ hobbies (older kid & teenager):

current or previous ailments, illnesses, accidents or surgeries?

What helps to ease the ailment?

What makes it 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? Dosage?

Have there been any **life changing experiences** ? (When? What?)

Anything else of importance 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 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: