

Please fill out other side

## BioWavz of Central Indiana Biodynamic Craniosacral Therapy Intake Form

Name:		Date:	
Address:		DOB:	Age:
City/State/Zip:		Gender:	
Cell/Text Phone:	Email:		<del> </del>
Marital status:	(Women) Number of pregnancies:	Ages of children:	
Occupation:		Do you enjoy your	job/career?
Support / Resources (what	at you do to recharge yourself):		
Medical history:			
Medications / Supplemen	ts:		
Accident history:			
Surgical history:			
Emotional / Stress situation	ons:		
Significant Family Medica	ıl History:		
Reason for this visit:			
Other practitioners you ar	re seeing:		
How did you find out abou	ut us? or referred by		

Please mark what you are currently experiencing with a 1-10 concern if applicable.

have answered honestly and to the best of my knowledge:	Blood pressure (Low) (High)	Headaches	Energy levels
Eyes         Brain (TBI/Concussion)         Weight changes (gain)           Shoulders         Brain (surgery)         Weight changes (loss)           Legs         PTSD         Use prescription drugs           Bladder         Nausea         Use recreational drugs           Dizziness         Ears         Use CBD oil           Jaw         Neck         Use homeopathy           Arms         Feet         Sinus           Hips         Bowels         Epilepsy           Heartburn         Gallbladder         Swelling           Stomach         Asthma         Sleep problems           Indigestion         Vomiting         Liver           Rashes         Fainting         Lungs           Elbows         General back pain         Heart           Lower back         Hand         Skin           Mid back         Joint         Hernias           Upper back         Coughing         Smoker           Intestines         Teeth         Vape           Colic (child)         Bruising         Osteoarthritis           Nursing (child)         Injury         Rheumatoid arthritis           Attachment (child)         Chronic inflammation         MS (Multiple sclerosis) <tr< td=""><td>Seizures</td><td> Anxiety</td><td> Fluid retention</td></tr<>	Seizures	Anxiety	Fluid retention
Shoulders Brain (surgery) Weight changes (loss) Legs PTSD Use prescription drugs Bladder Nausea Use recreational drugs Dizziness Ears Use CBD oil Jaw Neck Use homeopathy Arms Feet Sinus Hips Bowels Epilepsy Heartburn Gallbladder Swelling Stomach Asthma Sleep problems Indigestion Vomiting Liver Rashes Fainting Lungs Elbows General back pain Heart Lower back Hand Skin Henrias Upper back Coughing Smoker Intestines Teeth Vape Colic (child) Bruising Osteoarthritis Nursing (child) Chronic inflammation MS (Multiple sclerosis) May Mid van Weight changes (child) Addiction Hyperactivity Other Long COVID Central nervous system  Weight changes (loss) Weight changes (loss) Use prescription drugs Use recreational drugs Use central drugs Use central drugs Use centrational drugs Use cen	Allergies	Ringing in ears	Stroke
Legs	Eyes	Brain (TBI/Concussion)	Weight changes (gain)
Bladder Dizziness Ears Use CBD oil Discipless Ears Use CBD oil Use homeopathy Sinus Epilepsy Epilepsy Epilepsy Disciple	Shoulders	Brain (surgery)	Weight changes (loss)
Dizziness	Legs	PTSD	Use prescription drugs
Neck	Bladder	Nausea	Use recreational drugs
Arms	Dizziness	Ears	Use CBD oil
Hips	Jaw	Neck	Use homeopathy
Heartburn	Arms	Feet	Sinus
Stomach	Hips	Bowels	Epilepsy
Indigestion	Heartburn	Gallbladder	Swelling
Rashes	Stomach	Asthma	Sleep problems
Elbows General back pain Heart Skin Mid back Joint Hernias Smoker Upper back Coughing Smoker Uape Colic (child) Bruising Osteoarthritis Nursing (child) Rheumatoid arthritis Attachment (child) Sciatica Vertigo Addiction Hyperactivity Central nervous system Other have answered honestly and to the best of my knowledge:	Indigestion	Vomiting	Liver
Lower back	Rashes	Fainting	Lungs
Mid back Joint Hernias	Elbows	General back pain	Heart
Upper back Coughing Smoker Intestines Teeth Vape	Lower back	Hand	Skin
Intestines Teeth Vape Osteoarthritis Nursing (child)	Mid back	Joint	Hernias
Colic (child)  Bruising  Injury	Upper back	Coughing	Smoker
Nursing (child)  Attachment (child)  Bonding challenges (child)  Addiction  Long COVID  Central nervous system  Injury	Intestines	Teeth	Vape
Attachment (child)  Bonding challenges (child)  Addiction  Long COVID  Chronic inflammation  Sciatica  Hyperactivity  Central nervous system  Other  Other  Other  have answered honestly and to the best of my knowledge:	Colic (child)	Bruising	Osteoarthritis
Bonding challenges (child)  Addiction  Long COVID  Sciatica  Hyperactivity  Central nervous system  Other  Other  have answered honestly and to the best of my knowledge:	Nursing (child)	Injury	Rheumatoid arthritis
Addiction Hyperactivity Other Other	Attachment (child)	Chronic inflammation	MS (Multiple sclerosis)
Long COVID Central nervous system Other	Bonding challenges (child)	Sciatica	Vertigo
Long COVID Central nervous system Other  have answered honestly and to the best of my knowledge:	Addiction	Hyperactivity	Other
	Long COVID	Central nervous system	Other
Client Signature: Date :	have answered honestly and to	the best of my knowledge:	
Butto Ignataro.	Date :		