CLIENT INFORMATION

PERSONAL INFORMATION

Name ______________________________ DOB ______________

Address ______________________________

City, State, Zip ______________________________

Phone # ______________________ Email ______________________

Referred By ______________________ Occupation(s) ______________________

CRANIOSACRAL THERAPY HISTORY

Have you had a session before? __________ When? ______________ Number of sessions? ______

MEDICAL HISTORY

Medications ______________________________

Recent dental work ______________________________

Please indicate any conditions you currently have or have had in the past:

- ☐ accidents/falls
- ☐ anxiety
- ☐ arthritis
- ☐ back injury
- ☐ broken bones
- ☐ cancer
- ☐ other ______________________________
- ☐ fibromyalgia
- ☐ headaches/migraines
- ☐ heart/circulation problems
- ☐ neck problems
- ☐ numbness
- ☐ sprains/strains
- ☐ stress
- ☐ surgery
- ☐ tinnitus/ringing in ear/ears
- ☐ TMJ issues
- ☐ vertigo/dizziness
- ☐ trauma

Please explain any conditions you marked:

____

____

____

I consent to Biodynamic CranioSacral Therapy with a Biodynamic Perspective (CSTBP) with Laura Schappert and to future communications from Laura Schappert / Return to Being by email/and or telephone. I understand appointments cancelled less than 24-hour notice are subject to a cancellation fee. My written signature or typed name below indicates my consent. All discussions are kept confidential. I understand that: (1) practitioners do not diagnose conditions nor do they prescribe or perform medical treatment, prescribe substances, nor interfere with the treatment of a licensed medical professional; (2) CSTBP does not take the place of medical care; (3) CSTBP can complement any medical or psychological care I may be receiving; (4) the body has the ability to heal itself, complete relaxation is often beneficial; and (5) long-term imbalances in the body sometimes require multiple sessions in order to facilitate the level of relaxation needed by the body to heal itself.

Signature ______________________________ Date ______________

Laura Schappert – 602.931.5611 – laura@returntobeing.com – www.returntobeing.com – Sedona AZ