

## **Health And Well Being History Form**

Name:	Email:	
Address:	City, State, Zip:	
Home Phone:	Other Phone:	
Cellular Phone:	Referred by:	
Date:	Date of Birth:	
Describe the problem(s) for which you seek help. Please include dates when each problem occurred:		
Past medical history (previous injuries, accidents, surgeries, etc. Please describe and include approximate dates:		
List the medications (including over the counter) you are presently taking:		
What daily activities are you finding difficult or are limited because of your above complaints:		
Have you ever had this problem before, and if so when?		
	,	
	,	
What are your goals from BodyTalk?	,	
What are your goals from BodyTalk?		
What are your goals from BodyTalk?	are seeing for this/these problem(s):	
What are your goals from BodyTalk?  Please list any other kind of healthcare professional you	are seeing for this/these problem(s):	

* Please circle any of the following feelings you have experienced in the last few months.	Please mark the circle that best describes the level of stress for the below listings.
Criticized Overwhelmed Apprehensive Intolerant Overworked Muddled Agitated Uncertainty Paralyzed Persecuted Uneasy Aggravated Depressed Guilty Distress Annoyed Rejected Easily irritated Fearful Angry Despair Anxious Impatient Outraged Helpless Sad Intimidated Nervous	
How many hours a night do you sleep? Is your sleep restful? If not, please explain:	
* Please list areas of pain and mark the circle that best describe the level of discomfort on a scale of 1 to 10.	<ol> <li>Slight awareness of discomfort.</li> <li>Awareness of discomfort as an aggravation.</li> <li>Pain is strong but you are still functional.</li> <li>Pain is so strong you are unable to function normally.</li> <li>You feel like you need to go to the emergency room.</li> </ol>
1 2 3 4 5 6 8 9 10 example: <b>Neck</b>	12345678910
1234567890	12345678910
1234567890	1234567890
* Please shade areas of pain or discomfort on the body diagrams and make comments on the side if necessary.	
Right  Left  Left  Left  (print name) understand that the BodyTalk session provided by this Certified BodyTalk Practitioner is intended to enhance relaxation, increase communication within the areas of	
the body, and to educate me to possible energetic or emotional blocks that may create pain and disease. BodyTalk is non-invasive, safe, and objective. It utilizes the body's own innate intelligence to reestablish communication within itself.  I understand that BodyTalk is not a substitute for medical treatment or medications. I am aware that the BodyTalk Practitioner does not diagnose illness or disease nor does the Practitioner prescribe medications.	
Signature:	Date: