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**THE BODY IS A SELF HEALING ORGANISM**

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Name \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Birthdate \_\_\_\_\_  
Telephone Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Referred by \_\_\_\_\_  
Occupation \_\_\_\_\_

What do you want from this session? \_\_\_\_\_

Where do you constantly store discomfort in your body? \_\_\_\_\_

Have you had or do you have:

- |              |                     |                   |
|--------------|---------------------|-------------------|
| Hernia       | Cancer              | Headaches         |
| Pelvic Pain  | Head Injuries       | Falls to Buttocks |
| Sexual Abuse | Physical Abuse      | Emotional Abuse   |
| Pregnant     | Heart Problems      | Kidney Stones     |
| Joint Pain   | High Blood Pressure | Fatigue           |
| Allergies    | Other Traumas       | Other             |

Please explain:

\_\_\_\_\_  
\_\_\_\_\_

Please advise me of any accident, surgeries or scars from any time in your life: \_\_\_\_\_

\_\_\_\_\_

Are you currently under the care of a physician or chiropractor - if so, for what condition? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you interested in learning some self help techniques? yes / no \_\_\_\_\_

To avoid being charged in full for your session, if you miss it, 24 hours notice is required.

Bodyheart Therapy is honored and committed to be a part of your care/maintenance and education. I am happy to share with you my awareness and knowledge, however, I do not diagnose.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

