

The Embodied Center

CONFIDENTIAL INTAKE FORM

Name:

Cell Phone:

Email:

DOB:

Preferred pronouns:

Referred by:

Reason for visit:

Occupation:

Have you received Taoist-based bodywork before?

If yes, what style?

What your goals in receiving bodywork from me?

MEDICAL HISTORY

Any surgeries? If so, when and what for?

Any hospitalizations?

Have you suffered any major illnesses in your life?

Accidents:

Traumas:

How would you rate your current state of health?

Are you taking any medications? If so, please list along with your reason for taking them.

Allergies and Sensitivities:

Any trouble sleeping at night?

Do you exercise regularly?

What do you do to help you cope with stress?

How would you rate your stress level? High Medium Low

DIGESTION AND ELIMINATION

How often are your bowel movements?

Do you experience constipation and/or loose stools?

Do you experience bloating/gas/burps after eating?

Water Intake (glasses/day)

Caffeine Intake (cups or glasses/day)

Do you experience heartburn after eating?

Are there certain foods you have difficulty digesting?

What foods do you crave?

Do you typically eat 3 meals/day at approximately the same time of day?

FOR WOMEN

If menstruating, date of Last Menstrual Period _____ Length of Menses _____

Do you experience PMS? _____

What symptoms? _____

Number of births _____ Live births _____ Number of children _____

I understand that I will be charged the full amount for any missed appointments or cancellations under 248hours (excluding emergencies). I also understand that my health is my responsibility. The better I take care of myself between treatments, the more benefit I will receive from each treatment. If I have any questions or concerns, I will do my best to communicate them.

Name

Date