

Health And Well Being History Form

Name:	Email:
Address:	City, State, Zip:
Home Phone:	Other Phone:
Cellular Phone:	Referred by:
Date:	Date of Birth:

PART 1.

* Please answer the following questions honestly and to the best of your ability



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?

Please list any other kind of healthcare professional you are seeing for this/these problem(s):

Please list any medical tests you have had within the past year

<p>* Please circle any of the following feelings you have experienced in the last few months.</p> <table border="0"> <tr> <td>Abused</td> <td>Paranoid</td> <td>Unable to grieve</td> <td>Panic</td> </tr> <tr> <td>Criticized</td> <td>Overwhelmed</td> <td>Apprehensive</td> <td>Intolerant</td> </tr> <tr> <td>Overworked</td> <td>Muddled</td> <td>Agitated</td> <td>Uncertainty</td> </tr> <tr> <td>Paralyzed</td> <td>Persecuted</td> <td>Uneasy</td> <td>Aggravated</td> </tr> <tr> <td>Depressed</td> <td>Guilty</td> <td>Distress</td> <td>Annoyed</td> </tr> <tr> <td>Rejected</td> <td>Easily irritated</td> <td>Fearful</td> <td>Angry</td> </tr> <tr> <td>Despair</td> <td>Anxious</td> <td>Impatient</td> <td>Outraged</td> </tr> <tr> <td>Helpless</td> <td>Sad</td> <td>Intimidated</td> <td>Nervous</td> </tr> <tr> <td>Hopeless</td> <td>Grieving</td> <td>Restless</td> <td>Worried</td> </tr> </table>	Abused	Paranoid	Unable to grieve	Panic	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	Hopeless	Grieving	Restless	Worried	<p>* Please mark the circle that best describes the level of stress for the below listings.</p> <p>My family stress is: <input type="radio"/> None <input type="radio"/> Minimal <input type="radio"/> Moderate <input type="radio"/> Severe</p> <p>My relationship stress is: <input type="radio"/> None <input type="radio"/> Minimal <input type="radio"/> Moderate <input type="radio"/> Severe</p> <p>My work stress is: <input type="radio"/> None <input type="radio"/> Minimal <input type="radio"/> Moderate <input type="radio"/> Severe</p> <p>My financial stress is: <input type="radio"/> None <input type="radio"/> Minimal <input type="radio"/> Moderate <input type="radio"/> Severe</p> <p>My health stress is: <input type="radio"/> None <input type="radio"/> Minimal <input type="radio"/> Moderate <input type="radio"/> Severe</p> <p>Other stress is _____: <input type="radio"/> None <input type="radio"/> Minimal <input type="radio"/> Moderate <input type="radio"/> Severe</p>
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How much time do you have for yourself to relax and what do you do to relax, ie. hobbies, meditation, etc ?

Do you exercise? And if so, what kind and how often? _____

How many hours a night do you sleep? _____ Is your sleep restful? _____ If not, please explain: _____

<p>* Please list areas of pain and mark the circle that best describe the level of discomfort on a scale of 1 to 10.</p>	<p>1. Slight awareness of discomfort. 2-3. Awareness of discomfort as an aggravation. 4-6. Pain is strong but you are still functional. 7-9. Pain is so strong you are unable to function normally. 10. You feel like you need to go to the emergency room.</p>
<p>① ② ③ ④ ⑤ ⑥ ● ⑧ ⑨ ⑩ example: neck</p>	<p>① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩</p>
<p>① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩</p>	<p>① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩</p>
<p>① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩</p>	<p>① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩</p>

* Please shade areas of pain or discomfort on the body diagrams and make comments on the side if necessary.

FRONT

RightLeft

BACK

LeftRight

COMMENTS:

Client signature:

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Practitioner's comments:

INTEGRATED WELLNESS BODY MIND & SOUL

AGREEMENT AND POLICIES

I understand that I am required to book my appointment in advance and arrive on time in order to minimize waiting time.

I understand that if I am running more than 15 minutes late, I will contact the office and advise of my situation or lateness.

I understand that I am responsible for keeping my scheduled appointments and giving a minimum of 24 hours notice of a cancellation or a reschedule.

I understand that if I miss or cancel on short-notice my appointment, I will be charged 50% of the going rate for my missed appointment.

I understand that all information that is presented in a BodyTalk™ session is totally confidential and private.

I am to have my cell phone turned off while in session.

No recording devices are allowed in my office for any reason, at any time.

I affirm I am here of my own free will and have sought out treatment on my own behalf.

I am open to Energy Medicine and the body's ability to heal itself.

Print Full Name

Signature

Date: _____

DISCLAIMER

Information, techniques and handouts taught in-person or online are not a replacement for any professional psycho-therapeutic, counseling or medical advice in the treatment of any mental or physical health issues or disorders.

Lena Mascarin's services:

- are **not a substitute for medical care or medical advice** and does not medically diagnosis or treat a diagnosis
- do **not replace any medical treatments** as ordered by any physicians nor any other medical care
- are **not intended to diagnose, treat or cure** any physical or medical conditions
- are not responsible for any health or allergy that may require medical supervision, and is not responsible for any negative consequences

Lena Mascarin makes no claims as to cure, heal or recover from any current illness, nor the prevention of any future illness.

If you have questions or concerns about your health - mental or physical, please contact your healthcare provider.

If you have a physical or medical condition or experience any pain, you should seek the advice of your medical professional immediately.

BodyTalk sessions balance and resynchronizes areas of the body.

Hypnosis allows your subconscious mind to rewire itself.

By providing your signature, you acknowledge that you have read, understand and agree with this disclaimer and release Lena Mascarin from any liability in your healthcare.

Name: _____

Signature: _____ Date: _____

BodyTalk Informed Consent Form

I _____ (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 re-establish 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.

Printed name: _____

Signature: _____

Date: _____

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