

Biodynamic Craniosacral Therapy in-take form for Shaina Cantino, LMT

All information on this questionnaire will be kept strictly confidential.

Client Information: Name: _____ Today's Date: _____
Address: _____ City: _____ State: _____ Area code: _____
Phone, Day: _____ Night: _____ Email: _____
Occupation: _____ DOB: _____ Referred by: _____

Current Health

Have you received Biodynamic Craniosacral Therapy before? If so, when?

What are your current health goals?

What are your current sleep patterns?

Current medications:

I use (please circle): Brace/Splint Orthotics/Shoe Inserts Night Guard/Retainer for teeth

List any types of health care or medical treatment you are currently receiving:

What are your social supports?

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Other Therapies:

Other activities in your life:

Other information you want your therapist to know:

Previous Medical History

Surgeries:

Dental: History braces, extractions, grinding, etc:

Accidents: Motor vehicle, falls, etc:

Significant family medical history:

Please share anything you know about your birth:

Home or hospital? _____ Vaginal or caesarian delivery? _____

Was your mother under anesthesia? _____ Did you spend time in an incubator? _____

Were you breast-fed? _____ More details of your birth: _____