

Psychosomatic Therapy Emotional Release Bodywork

Client History

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

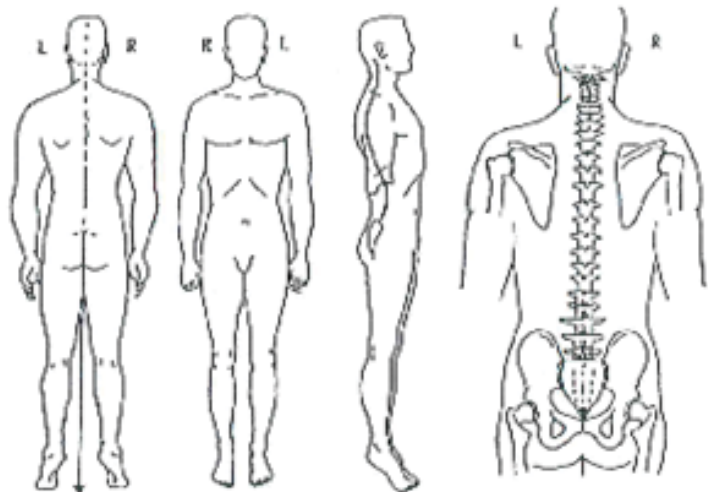
Sex: M F Weight: _____ Height: _____ Occupation: _____

Physically related job duties: _____

Have you ever seen a Psychosomatic Practitioner before? _____

Purpose of visit stated by client: _____

Identify specific areas of soreness on image and explain:



Please tick if you have any of the following symptoms/conditions?

- | | | |
|--|--|--|
| <input type="checkbox"/> Chronic pain | <input type="checkbox"/> Infectious conditions | <input type="checkbox"/> Nervousness |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> AIDS | <input type="checkbox"/> Dizziness |
| <input type="checkbox"/> Cold/Flu/Fever | <input type="checkbox"/> Phlebitis | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Blood clots | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Heart Ailments | <input type="checkbox"/> Joint replacements | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Kidney ailments | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> TMJ syndrome | <input type="checkbox"/> PMS syndrome |
| <input type="checkbox"/> Herpes | <input type="checkbox"/> Neck or spine injury | <input type="checkbox"/> Sleep disorders |
| <input type="checkbox"/> Shingles | <input type="checkbox"/> Loss of balance | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Numbness | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Psoriasis | <input type="checkbox"/> Fatigue | _____ |
| <input type="checkbox"/> Skin disorders | <input type="checkbox"/> Depression | _____ |

Client signature: _____

Date: _____

'I declare I have completed a client case history form and disclaimer form as part of the Emotional Release Bodywork treatment'

Client's Signature _____

Date ____/____/____

Practitioner's Signature _____

Date ____/____/____