Brenda Barnetson, CMT * *The Touch of Health* * 818-892-5192
1927 N. Lake Avenue, Altadena, CA 91101 * 10035 Sophia Avenue, North Hills CA 91343

CranioSacral Therapy Client Information - **ADULT**

Name _____ Date _____
Street Address _____ **Date of Birth** _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Occupation _____ Email address: _____
Referred by: _____
Emergency Contact and Phone _____
Why are you here for treatment? Physical, mental, emotional symptoms?
_____
_____
Accidents, injuries, or surgeries/Anesthesia? No ____ Yes ____
If yes: _____
_____
Health History:

____ recent dental work
____ orthodontia/braces
____ TMJ problems
____ headaches
____ mouth breather ___day ___ night
____ snore ____ wake up at night
____ high level of stress
____ high blood pressure
____ digestive problems _____ allergies _____
____ asthma or respiratory problems
____ cancer
____ diabetes
____ currently pregnant ____ fertility issues
____ addictions: ___alcohol __ drugs __ food
____ heart problems
____ other _____

What is your Birth and Infancy History?:

____ Caesarian delivery?
____ Breast fed or ____ Bottle fed?
____ Frequent illnesses?
____ Forceps or vacuum suction delivery?
____ Ear inflammations/infections?
____ Vaccinations? _____

Exercise level: _____
Daily Nutritional Habits: # vegetables _____ # fruits _____ whole grains? _____
meat & chicken? _____ fish? _____ WATER: oz.?_____ (Ideal is ½ your body weight in ounces.)
Supplements? _____
Please list prescription drugs you currently take: _____
For what conditions? _____
Have you ever had CranioSacral Therapy? _____
What other treatments have you received? _____

Signature:_____