

Burbank Craniosacral Therapy

Client Intake Form



Name: _____

Emergency Contact: _____ Phone: _____

Why are you coming for a session today? _____

Have you received professional bodywork sessions in the past? _____

If so what type? _____

Any illnesses, surgeries, and/or traumas you feel I should know about: _____

For Women

Are you pregnant? _____ Due Date? _____

Any problems with your pregnancy? _____

If you have a specific medical condition, or specific symptoms, CranioSacral Therapy may be contraindicated. Depending on your reason for receiving CranioSacral Therapy, a referral from your primary care provider may be required for you to be reimbursed by your insurance company.

I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile, and understand that there will be no liability on the practitioner's part should I forget to do so.

Client Signature

Date