BODY IN TUNE **CLIENT HISTORY FORM**

Name _____

Address _____

_____ Post Code _____

Male / Female – pregnant? Weeks _____ Due _____

Date of Birth _____

Best Contact Number _____ Alternative Number _____

Email _____ (required for online booking system)

Health Fund _____

Occupation _____ Full / Part time

Exercise / Sports & how often _____

_____

MEDICAL HISTORY

Current and past INJURIES (e.g. broken bones, concussion, impact falls, car accident, sprains and strains, whiplash.)

_____

_____

_____

Current and past major ILLNESSES (e.g. glandular fever, diabetes, high blood pressure, cancer, autoimmune disease, thyroid imbalance, polycystic ovaries, endometriosis, migraines, epilepsy.)

_____

_____

_____

Please turn over

Recent and past SURGERIES (e.g. cholecystectomy, hysterectomy, Lymphadenectomy, thyroidectomy, *cesarean section, biopsy, heart surgery.*)

_____

_____

_____

Current and past MEDICAL IMPLANTS (e.g. pacemaker, hip replacement, central line, gastric band, bone rods or plates.)

_____

_____

_____

Current medications, vitamins and/or supplements

_____

_____

Seeing any other health care practitioner? _____

REASON FOR APPOINTMENT

_____

_____

How long / Time of onset _____

Scale of pain between 1-10 (1 - slight; 10 - unbearable) _____

How did you hear about this clinic? _____

Please turn over

FUNCTIONAL BREATHING ASSESSMENT

Please tick how often you suffer from the symptoms listed.

Sometimes = once a month or less
Often = weekly or more

	Never 0	Sometimes 1	Often 2	Contributed to?
Feeling tense (physical tension)				
Short of breath (breathlessness / wheezing)				
Unable to breathe deeply (frequent sighing / yawning)				
Day time fatigue				
Mouth breathing (night and/or day)				
Cold hands or feet				
Nasal / sinus congestion				
Subtotals				
Total				
BHT				
HRV Avg Coherence				

Please turn over

BODY IN TUNE **CLIENT HISTORY FORM**

I UNDERSTAND THAT:
Visceral Manipulation is predominantly a type of fascial release technique, that encourages more gliding ability of all structures between the fascial layers of the body, The focus is on internal organs and vessels (vascular, neural and lymphatic). It is a technique that works into the ease of fascial restrictions to facilitate a regulated nervous system response and a smoother integration post therapy session.

By working in this context, it corrects musculoskeletal imbalances and increases fluid flow (vascular, cerebral spinal fluid, lymphatic fluid and synovial fluid). It also allows internal organs to occupy more space as they regain their range of motility & mobility movements and stimulates neuro feedback.

The sessions are blended in with concepts from accreditations in CranioSacral Therapy, Lymph Drainage Therapy, Functional Breathing Therapy, NeruoVascular Release, and Somatic Experiencing.

This therapy approach is like a subtle nudge to allow the body to restore its own corrective alignment by shifting from adaptation patterns and integrating the new internal alignments.

The integration will continue post session, typically for 2-3 days but could take longer. This may come to your awareness via feeling different body sensations and behaviors, for example:

- nerve twinges
- muscle pulses or discomfort
- shift in breathing patterns
- fatigue, better sleep
- feeling of more length or openness through the spine, chest & pelvis
- increase in urination & detoxification
- feeling of expansion
- greater inner connection
- emotional off-loading

Integration could resurface familiar patterns, like old memories, past events and emotional reactions. It is like your systems are clearing the storeroom for greater nervous system stability, capacity and coherence. Holding a curiosity of present awareness allows what has surfaced to be washed through your systems and out.

Give your body the time and energy it needs. Drink plenty of hydrating water and have a diet of clean foods. Non taxing exercises are the best.

Confidentiality is respected and at no time is any information received from the client during the treatment session given to any other person, except with express permission from the client. Therapeutic treatments are given with all due care and practiced with professionalism in a responsible manner.

CANCELLATION POLICY

- Cancelled, request to reschedule or missed appointments without 24 hours notice will incur the FULL TREATMENT FEE. This still applies in event of illness.
- If I am able to fill the cancelled time slot the cancellation fee will be waived.
- If you need to change an appointment, please let me know at least 3 days before so I can offer the time to someone else.

Vaccination Note: please keep a 3 week gap from the day of vaccination and your appointment. This is to give your immune & central nervous systems time to recalibrate.

Signature _____ **Date** _____

Print Name _____ **Please Turn Over**

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CLIENT COPY **I UNDERSTAND THAT:**

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