Paris Holistic Health

** Dynamic Body Balancing Client Information Form**

 (Please Print)

**General Information:**

Name: Date of Birth:

Address:

Home Phone: Cell: Work Phone:

Email: € Add me to your mailing list

Emergency Contact (Name and Phone):

How did you hear about us?

**Health Information:**

Are you currently under the care of a physician?

If Yes, Physician’s Name:

List Medications, Supplements, Homeopathics and Herbs Including Dosage:

List Surgeries with Dates:

List Accidents and Injuries with Dates:

List Major Illnesses with Dates:

List Hospitalizations with Dates:

Do you have a particular area of concern?

**Body Systems (Please check all that apply)**

Musculoskeletal:

* Bone or Joint Disease € Spasms/Cramps
* Tendonitis/Bursitis € Jaw Pain/TMJ
* Artheritis/Gout € Lupus
* Low Back/Hip/Leg Pain € Osteoporosis
* Neck/Shoulder/arm Pain € Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circulatory: Respiratory:

* Heart Condition € Asthma
* Phlebitis/Varicosities € Emphysema/COPD
* Blood Clots € Allergies
* High/Low Blood Pressure € Sinus Problems
* Lymph Edema € Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Digestion: Female/Male Reproduction:

* Constipation/Diarrhea € Pregnant \_\_\_\_\_\_ weeks
* Diverticulitis € Ovarian/menstrual Issues
* Irritable Bowel Syndrome € PMS
* Ulcers € Prostate Issues
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ € Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nervous System: Skin:

* Pinched Nerve € Acne
* Numbness/Tingling € Rashes/Rosacea
* Shingles € Cold Sores/Herpes
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ € Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Conditions:

* Cancer/Tumors € Anxiety/Stress
* Diabetes € Chronic Fatigue
* Kidney/Bladder Issues € Sleep Issues
* Migraines/Headaches € Drug/Alcohol/Tobacco Dependence
* Other (list anything not covered) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Treatment History:**

Have you ever had a Craniosacral Therapy Session?

If Yes, When was your last session? Number of previous sessions?

**Dynamic Body Balancing Consent Form**

Dynamic Body Balancing is a form of energy healing that uses hands-on treatment to assist the body to heal. It is a combination of myofascial unwinding and craniosacral techniques. While doing this work, I listen to the body, watch where the healing energy is moving, support the body as it flows, and allow the healing energy to direct the session. When these forces are allowed to work in the body, old traumas and emotions are released and may result in deep healing. This technique helps the body rebalance itself structurally and energetically.

**Myofascial Unwinding:**

When we fall, are in an accident, or play sports, our bodies get twisted out of alignment and the fascia, the connective tissue that surrounds the muscles and organs of the body, becomes tight, restricted, and out of balance. Fascial imbalance can actually begin while a baby is still in-utero. When there is an imbalance in the fascia, the restriction hinders the optimum flow of blood, nerve impulses and energy. Balancing the fascia is essential for balancing the physical body because long-term restrictions can result in a thickening of the fascia and diminish the healthy function of that area of the body.

**Craniosacral Therapy:**

Craniosacral therapy involves a slight pressure on the sutures or connections between the cranial (head) bones. Balancing the cranial bones also balances the sacral area of the spine. When balance is restored to the head and tail, then balance is restored to the nervous system and surrounding structures that support it.

**Consent to Treatment:**

I understand that Dynamic Body Balancing is a hands-on energy technique that is used for

rebalancing the body structurally and energetically. I give my permission for the practitioner to touch my body in the performance of the Dynamic Body Balancing technique. I understand that the practitioner does not diagnose conditions, prescribe or perform medical treatment, prescribe substances, nor interfere with the treatment of a licensed medical professional. I understand that Dynamic Body Balancing does not take the place of medical care. It is recommended that I see a licensed physician or licensed health care professional for any physical or psychological ailment I may have. I understand that Dynamic Body Balancing can complement any medical or psychological care I may be receiving. I also understand that the body has the ability to heal itself and rebalancing it structurally and energetically is beneficial. I acknowledge that long term imbalances in the body sometimes require multiple sessions in order to facilitate the level of healing desired.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Client or Client’s Parent/Guarian**

**Privacy Notice:**

No information about any client will be discussed or shared with any third party without written consent of the client or parent/guardian if the client is under 18.