

Health And Well Being History

Distance Session Form

Name:	Email:
Address:	City, State, Zip:
Home Phone:	Other Phone:
Cellular Phone:	Referred by:
Date:	Date of Birth

***Please answer the following questions honestly and to the best of your ability.**



Describe the problem(s) for which you seek help. Please include dates when each problem occurred:

Past medical history (previous injuries, accidents, surgeries, etc.) Please describe and include approximate dates:

List the medications (including over the counter) you are presently taking:

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What daily activities are you finding difficult or are limited because of your above complaints?:

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Have you ever had this problem before, and if so, when?

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What are your goals from BodyTalk?

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Please list any other kind of healthcare professional you are seeing for this/these problem(s):

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Please list any medical tests you have had within the past year:

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How many hours a night do you sleep? _____ Is your sleep restful? _____ If not, please explain:

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Please state the areas in the body where you experience pain:

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What is your preferred time of day for a distance session to be scheduled?

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*I acknowledge that the above details which I have provided are both true and accurate.

Client Signature: _____

Please attach a photo of yourself when submitting this form

Payment Details:

Name: _____

Address: _____

_____ State: _____ Postcode: _____

Phone: _____ Email: _____

Method of Payment

Visa

Mastercard

Credit Card _____

CCV _____ Exp. Date _____

Signature _____



Please email this form to melissa@behealthygroup.com.au