

Fruit of the Womb, LLC
Biodynamic Craniosacral Therapy
Client Intake Form

All information will be kept confidentially in your personal client file

Today's Date _____
Name _____
Your gender pronouns (e.g. she/her, they/them/their, he/him, etc.) _____
Email _____ Phone number _____
Address _____

Emergency contact name and number _____

Are you currently pregnant? _____ If so, have you been pregnant before? _____
If you are pregnant, please describe any information regarding childbearing history that you feel comfortable sharing

Currently breastfeeding/chestfeeding? _____

Current physical symptoms, health conditions, medications _____

Please describe anything about your emotional, mental, and/or spiritual well-being you would like to share.

Please share any significant history of surgeries, accidents, physical and/or emotional traumas or other significant/relevant life events or situations you feel comfortable disclosing.

What personal well-being practices do you do regularly (for example, meditation, yoga, taichi, nature walks, cuddling kittens)? _____

What are your hopes and intentions in seeking Biodynamic Craniosacral Therapy?

What helps you feel safe and supported and free to express yourself? What images or memories might help you bring up these feelings on a visceral level?

Anything else you would like me to know about you? _____

Any questions you have about this work or about me? _____
