

Mind • Body • Energy

Certified BodyTalk Practitioner, Reiki Master & Intuitive

Mollie Yunker, gives permission to let the magic happen

Benefits: reduced stress, anxiety, pain, and better relationships

Name _____

Address _____

City/State/Zip _____

phone # _____

email _____

Date of birth _____ Age _____ Occupation _____

How did you hear about BodyTalkWorks/Mollie Yunker _____

My Primary Goals for treatment are _____

Primary Concerns - list one or two for each: Physical, Mental/Emotional, Spiritual

Frequency (constant, hourly, daily, monthly)

Pain rating spectrum (physical or emotional): -5 = bad • zero = neutral • +5 = feel good

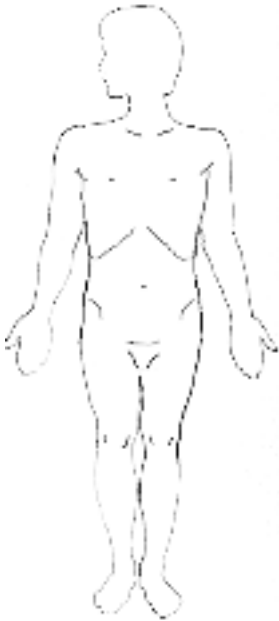
Identify what activities or relationships are limited due to the concern

Significant accidents, injuries, surgeries, traumatic experiences, Adverse Childhood Experiences (ACE). Include dates

Antibiotic, chemotherapy, radiation, and or toxin exposures. Include dates _____



Major illnesses, past and present



a visual option

Color the body to indicate what and where you feel symptoms. Explain how long you have had the symptom, what triggers it, what the sensation feels like, etc.

Bowel Movement pattern _____

Sleep Patterns _____

Allergies _____

Addictions _____

Infectious diseases _____

Medications and Supplements _____

Glasses of water you drink per day _____

If under medical treatment, please specify _____

Name your top three to five stressors _____

Anything else you would like me to know _____

Primary Care practitioner and phone # _____

Emergency Contact _____

Relationship status/name, age, gender of partner _____

Names and ages of children, indicate if they live with you _____

Pets. Do they live with you? _____

I give permission to Mollie Yunker, CBP to make physical contact/touch

Sign _____ Date _____

Print _____