Brooke Becker
Massage and Craniosacral Therapy
BS/LMT/VCST/MQGT/SI HING/NCTMB/AMTA

BROOKE BECKER THERAPY
HEALTH HISTORY

We are about to embark upon a healing journey together. I will be holding sacred space for your session. With the use of an array of modalities and therapies,
my intention is to facilitate the balancing of your five bodies: spiritual, energetic, mental, emotional and physical. Please fill out the following, sharing whatever you choose, to give me some insight and background so that I may better serve you.

NAME: : _____

ADDRESS: _____

TOWN/CITY: _____ STATE: _____ ZIP:_____

PHONE (home): _____ (cell): _____

EMAIL: _____

PHYSICIAN: _____ PHY PHONE: _____

SEX : M____ F_____ DOB:_____ HT: _____ WT: _____

OCCUPATION:

WHAT IS YOUR INTENTION OF YOUR SESSION(S)?

WHAT ARE YOU HEALTH CONCERNS? (in any or all of the five bodies):

ANY PAIN EXPERIENCED IN WHAT AREA(S)?

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DO YOU HAVE OR HAVE EXPERIENCED ANY OF THE FOLLOWING:

____CANCER ? EXPLAIN

____SKIN PROBLEMS ? EXPLAIN

____HEART DISEASE? EXPLAIN

____VARICOSE VEINS? WHERE?

____ALLERGIES? WHAT TYPE?

____BLOOD CLOTS? WHERE?

____SURGERIES? LIST MAJOR SURGERIES AND WHEN

____AIDS/HIV?
____HIGH BLOOD PRESSURE?
____FIBROMYALGIA? PAIN EXPERIENCED WHERE IN BODY?

____INJURIES? LIST

____OTHER? EXPLAIN:

MEDICATIONS USED (TYPE, FREQUENCY,DOSAGE, WHY TAKING IT)

PLEASE LIST ALL VITAMINS/SUPPLEMENTS/HERBS AND HOMEOPATHICS USED AND WHY TAKING IT:

DO YOU USE ANY OF THE FOLLOWING REGULARLY (ONCE/WEEK OR MORE):

____LAXATIVES	____SEDATIVES	____SUGAR
____DIURETICS	____ASPIRIN	____CAFFEINE
____SLEEPING PILLS	____ALCOHOL	____ENERGY
____TOBACCO	____MARIJUANA	BOOSTERS
____OTHER RECREATIONAL DRUGS		

EXERCISE

TYPE	FREQUENCY	DURATION

EATING HABITS
WHAT IS YOUR RELATIONSHIP WITH FOOD? AN ENEMY? A FRIEND? SIMPLY FUEL? GASTRONOMIC DELIGHTS?

BREAKFAST? YES/NO. IF YES, LIST TYPICAL MEAL

LUNCH? YES/NO. IF YES, LIST TYPICAL MEAL

DINNER? YES/NO. IF YES, LIST TYPICAL MEAL

HOW MANY MEALS DO YOU ORDER TAKE OUT OR DINE OUT?

HOW MANY TIMES PER WEEK DO YOU HAVE:

___BEEF	___WHITE RICE
___PORK	___WHITE FLOUR PRODUCTS
___CHICKEN	___CARBONATED DRINKS
___FISH	___COFFEE
___ICE CREAM	___BLACK TEA
___OTHER DESSERTS	___GREEN TEA
___CANDY	___DAIRY PRODUCTS
___CANNED FOODS	MILK
___CRACKERS	CHEESE
___CHIPS,PRETZELS	OTHER

HOW MANY GLASSES OF WATER DO YOU DRINK DAILY?

OF THE FIVE FOLLOWING FLAVORS, WHICH DO YOU LIKE AND DISLIKE?

PUNGENT (SPICY)	LIKE	DISLIKE
SWEET	LIKE	DISLIKE
BITTER	LIKE	DISLIKE
SALTY	LIKE	DISLIKE
SOUR	LIKE	DISLIKE

STRESS (AFFECTING ALL BODIES)

SOURCES OF STRESS

COPING PRACTICES

RELAXATION PRACTICES

SLEEP

HOW MANY HOURS OF SLEEP DO YOU GET ON AN AVERAGE NIGHT?

DO YOU USUALLY WAKE UP FEELING TIRED____ OR RESTED___?
DO YOU REMEMBER YOUR DREAMS?

HAVE YOU NOTICED ANY PATTERN OF YOUR DREAMS? EXPLAIN:

FEELINGS OF:

DEPRESSION	OFTEN___	SOMETIMES___	SELDOM___
ANXIOUSNESS	OFTEN___	SOMETIMES___	SELDOM___
HOPELESSNESS	OFTEN___	SOMETIMES___	SELDOM___
PANIC	OFTEN___	SOMETIMES___	SELDOM___

WHAT ARE YOUR FEARS?

WHAT ARE YOUR LOVES? WHAT GIVES YOU PLEASURE?

WHAT INSPIRES YOU?

WOULD YOU SAY YOU HAVE TRUST AND FAITH?

A LOT? A LITTLE?

Describe relationships with and health of:

Parents

siblings

friends

children

support system

marital status/ significant other

are your needs met in this significant relationship?

physically	most times	sometimes	rarely
mentally	most times	sometimes	rarely
emotionally	most times	sometimes	rarely
spiritually	most times	sometimes	rarely

HOW DO YOU SPEND YOUR DAY? (VOCATION AND DAILY ACTIVITY)
WEEK

WEEKEND

WOULD YOU DESCRIBE YOURSELF AS HAVING ABUNDANT ENERGY, MODERATE ENERGY OR VERY LITTLE ENERGY?

DO YOU SEEM TO HAVE MORE ENERGY DURING DIFFERENT ACTIVITIES, DIFFERENT TIMES OF THE DAY? EXPLAIN:

DO YOU ENJOY YOUR WORK?

DO YOU SEE YOURSELF IN THIS WORK UNTIL RETIREMENT? WILL YOU RETIRE? WILL YOU DO/BE SOMETHING OTHER THAN YOU ARE NOW?

DO YOU HAVE ANY UNREALIZED HOPES, DREAMS, LONGINGS THAT YOU WISH TO ACT UPON IN THIS LIFETIME?

ANY OTHER ACTIVITIES, HOBBIES, INTERESTS NOT YET MENTIONED, OR WOULD LIKE TO PURSUE IN THE FUTURE?

SPIRITUAL

DO YOU PRAY OR PAY HOMAGE TO A HIGHER POWER? IF SO, HOW OFTEN?

WHAT IS THE NAME YOU USE FOR THAT HIGHER POWER?

DO YOU BELIEVE IN ANGELS? SPIRIT GUIDES? ANCESTRAL GUIDES?

DO YOU ENLIST THE HELP OF THESE SPIRITS? HOW OFTEN?

DO YOU MEDITATE? IF SO, HOW OFTEN?

DO CONSIDER YOURSELF HAVING:

	MUCH	SOME	LITTLE
FAITH			
HOPE			
CHARITY			

GENEROSITY
SENSE OF HUMOR
SENSE OF FUN
CHILD LIKE WONDERMENT
GRATITUDE

WOMEN

HOW MANY PREGNANCIES? MISCARRIAGES? ABORTIONS?

MENSTRUAL PATTERN IS REGULAR? IF NOT, EXPLAIN:

HAVE YOU ENTERED PERIMENOPAUSE? HOW LONG HAVE YOU BEEN ON THIS JOURNEY?

SYMPTOMS (CHECK IF APPLY)

___HOT FLASHES ___MEMORY LOSS
___INSOMNIA ___MOOD SWINGS
___FATIGUE ___OTHER
___DEPRESSION

ARE YOU MENOPAUSAL? HOW LONG?

I S THERE ANYTHING ELSE YOU WISH TO SHARE?

I have read and understood the above and have answered everything to the best of my knowledge. Further, I have informed Brooke Becker of any other physical, mental, emotional, energetic or spiritual states which could limit the parameters of the session.

_____ _____

signature date Brooke Becker