

## Floating Lotus Integrated Bodywork Beth Youngdoff, CMT & Reiki Master

Name:			Date:		
Mailing Address: City		City:	Zip:		
HOW CAN I CONTACT YOU?	MAY I LEAVE A MESSAGE?	YES	NO		
Phone:	Email:		_ DOB:	Gender: M F	
<b>Emergency Contact</b>					
Name:	Phone(s):		Relationship:		
Are you currently under a ph	ysician's care? YES	NO			
Physician's name:			Phone:		
Conditions/ Prescribed Medi	cations:				
Please mark any areas of pair					
Who may I thank for referring	g you?				
Have you had integrated bod	ywork before? Y N W	hen and why?_			

What is the reason for	your visit today?
Have you had injuries,	hospitalizations or continuing treatment for any illnesses in the past 2 years?
Do you have any repro	ductive or gynecological issues you would like to address?
What OTC medications	, dietary supplements, vitamins, herbs, tinctures, etc. do you take?
Are you experiencing c	hallenges or stresses that may be affecting your health?
Do you have any allerg	ies?
Habits: Please check a	ny which apply to you:
O Exercise	If yes, type and how often:
O Tobacco	If yes, amount per week:
O Alcohol	If yes, # of drinks/week:
O Caffeine	If yes, # of sodas/day: # coffee/tea per day:
O Recreational drugs	If yes, type(s)/frequency:
<b>*************************************</b>	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>
I would like to make yo	our experience as positive as possible. Please tell me about your preferences:
Are you senstitive to so	cents?
Do you prefer oil or lot	ion? Any likes or dislikes on music?
Do you have any specia	al needs (positioning, assistance in mobility, etc.?)
Other?	

All information is confidential and will not be shared without your written permission.

We will be working together to improve your overall wellness.

The ONLY thing you need to do is speak up IMMEDIATELY If you are uncomrtable, have questions about what we are doing, or need to take a break from the session.

I hope we will enjoy a long and productive relationship as therapist and client.