

Intake Form

To better serve you, I'd like your answers to the following questions. Bring the completed form with you to your first session. Your answers help you be an active participant in the healing process. I also ask you to read and sign the Terms of Engagement at the end of this form, which is designed to clarify for you how we will be working together in these sessions.

Full Name: _____

Month/Day/Year of Birth: _____

Current Address: _____

Phone Number: _____

Email address: _____

What Kind of Work Do you Do? _____

Are You Married? _____ If so, how many years? _____

Children? _____ Their ages? _____

Why Have You Come for Treatment Today? _____

Have You Received Alternative Treatment Before? _____

If so, please give details and approx. dates _____

Are you interested in combining this healing work with each of the Nine Dimensions described in *Alchemy of Nine Dimensions*? _____

Health History

Are you currently under a doctor's care? _____

Your Primary Medical Practitioner/s: _____

Contact Phone for above: _____

Are you taking any medications? _____

If so, please specify: _____

Please list any operations (w/dates) you have received in your lifetime:

Please list any major diseases or **traumas** (w/dates) you have experienced:

Tell me about any conditions you are now experiencing, based on the following locations in your body:

Head, Neck, Eyes, Throat? _____

Shoulders, Arms, Chest Cavity (Heart, Lungs) _____

Lower Abdominal Areas (Stomach, Pancreas, Spleen, Liver, Kidneys, Intestines, Bladder, Reproductive Organs) _____

Hips, Legs, Ankles, Feet _____

Terms of Engagement • Gerry Clow, RCST®, BCPP

My work with you is not for providing a medical diagnosis; instead, based on my extensive training and years of practice, I am working with you to assist you in regaining a stronger relationship with your own health, with your body's ability to heal itself.

Furthermore, the benefits from this work area are cumulative, which means that the more you do, the more you benefit. I may suggest you come back for a certain number of sessions in order to get the full benefit from the work. The more we work together, the easier it is for both my talents and yours to communicate and move quickly to the current focus of attention.

Please note: When I am giving you a Biodynamic Craniosacral Therapy session, I am not putting any energy into your body; I act only as a trained and empathic observer, assisting you to reconnect with your own ability to observe the inner workings of your inherent health. When I do Polarity Therapy techniques, again, I am not introducing my energy into your body; instead, I am only connecting corresponding locations within your body to awaken an inherent health response within you. If I make contact with any sensitive areas of your body, I will first ask your permission to do so. At the completion of each session, I may rock you gently on the table as you are lying on your side, and this is only to help you regain your sense of being in present time and space (3D). I also may show you, and recommend that you do yourself, certain healthy postures for doing floor exercises at home, based on Polarity Therapy and on my own yogic practice. Following each session, I will either give you a sheet for further work you can do on yourself at home, or will provide the same via an email within 48 hours of treatment. It is also important to note: all verbal exchanges you share with me as your practitioner are considered confidential and will never be shared with others without your explicit permission.

By signing this form, you are agreeing to these terms of engagement and to your understanding of the role that I play as your health practitioner.

(date)