



let the healing begin!

I, _____ understand the BodyTalk System is intended to enhance relaxation, increase communication within areas of the body, and to educate me to possible energetic or emotional blocks that may create pain and disease.

I acknowledge that the BodyTalk System is non-invasive, safe and objective. It utilizes the body's own innate intelligence to re-establish communication within itself.

I understand that the BodyTalk System is not a substitute for medical treatment or medications and any medical issues or concerns should be addressed with a qualified physician.

I am aware that the BodyTalk Practitioner does not diagnose illness or disease nor does the practitioner prescribe medications. In addition, BodyTalk entails light tapping and touching of energy points on the body. The BodyTalk practitioner will inform me where tapping and or touching (by the practitioner and or myself) will occur, thus allowing for my ongoing consent. I understand that by providing this informed consent I am assuming full responsibility for my BodyTalk session and I hold harmless both the BodyTalk practitioner and the facility/location where the session is provided.

I understand I may experience so-called "detoxification symptoms" or releases during the 24-48 hours following a BodyTalk session and that these may be somewhat uncomfortable, particularly if I have been experiencing chronic or heightened levels of stress.

I understand that any information imparted during these sessions is strictly confidential in nature and will not be shared with anyone without my written permission.

If I have any questions or concerns, I will address these promptly with the BodyTalk practitioner.

I hereby authorize Mollie Yunker to provide me with BodyTalk session(s).

signature

date

address

city/state/zip code

phone



let the healing begin!

date _____

Name _____

Address _____

City/State/Zip _____

Contact info (home, cell and work # and e-mail) _____

Date of birth _____ Occupation _____

How did you hear about BodyTalk Works/Mollie Yunker _____

Primary Goals for treatment _____

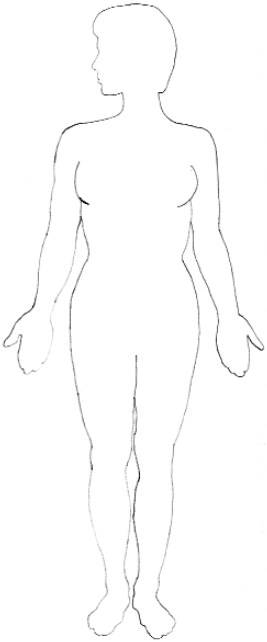
Presenting Complaints, including physical, mental, emotional and or spiritual:

Frequency Key
1 = few times a year or yearly
3 = few times a month or seasonal
5 = few times a week
7 = Daily
9 + = Constant

Complaint - and include what activities are difficult or limited due to complaint	Frequency (see key)	Pain rating (1 low/10 high)

Major illnesses, past and present _____

Significant accidents/injuries, significant/traumatic experiences, including dates/year



Surgeries, including dates/year _____

Allergies _____

Addictions _____

Infectious diseases _____

Medications and Supplements _____

Glasses of water you drink per day _____

If under medical treatment, please specify _____

Name your top three/five stressors _____

Anything else you would like me to know _____

Primary Care practitioner and phone # _____

Emergency Contact _____

Marital Status/name and age of partner _____

names/ages of children, indicate if they live with you _____

Pets you live with _____

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

Sign _____ Date _____

Print _____

Please indicate, by coloring in the body, what you feel in your body. You can jot notes here to explain, indicate how long you have had this, and or what triggered it, how it feels, etc.

