

Wellness Facilitator  
**SANTINA GIORDANO**



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Client Intake Form

Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Why are you coming for a session today? \_\_\_\_\_  
\_\_\_\_\_

Have you received professional bodywork sessions in the past? \_\_\_\_\_  
If so what type? \_\_\_\_\_

Illnesses, surgeries, and/or traumas I should know about: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Women**

Are you pregnant? \_\_\_\_\_ Due Date? \_\_\_\_\_

Any problems with your pregnancy? \_\_\_\_\_

*If you have a specific medical condition, or specific symptoms, CranioSacral Therapy may be contraindicated. Depending on your reason for receiving CranioSacral Therapy, a referral from your primary care provider may be required for you to be reimbursed by your insurance company.*

*I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile, and understand that there will be no liability on the practitioner's part should I forget to do so.*

\_\_\_\_\_  
Client Signature Date