



BodyTalk Health and Well Being History Form



HOLLAND
Physical Therapy

Willem Klokman, LPT,CBP
Licensed Physical Therapist
Certified BodyTalk Practitioner

5401 Wrightsville Ave.
Wilmington, NC 28403
phone **910.794.2900**

Today's Date: _____ Age: _____ DOB: ____/____/____

Name _____

Address _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ Email: _____

Describe the problem(s) for which you seek help. Please include dates when problem occurred.

Past Medical History: (previous injuries, accidents, surgeries, etc.) Please describe and include approximate dates.

What daily activities are difficult or are more limited because of the above complaints?

Have you ever had this problem, and if so, when?

What are your goals from BodyTalk?

Please list any other kind of healthcare professional you are seeing for this/these problem(s):

Please list any medical tests you have had in the last year:



BodyTalk Health and Well Being *continued...*



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How much time do you have for yourself to relax and what do you do to relax,
for example: hobbies, meditation, etc.? _____

Do you exercise? And if so, what kind and how often? _____

How many hours a night do you sleep? _____ Is your sleep restful? _____ If not, please explain: _____

<p>How many of the following feelings have you experienced in the last few months? Circle all that apply.</p> <table border="0"> <tr><td>Abused</td><td>Paranoid</td><td>Unable to Grieve</td><td>Panic</td></tr> <tr><td>Criticized</td><td>Overwhelmed</td><td>Apprehensive</td><td>Intolerant</td></tr> <tr><td>Overworked</td><td>Muddled</td><td>Agitated</td><td>Uncertainty</td></tr> <tr><td>Paralyzed</td><td>Persecuted</td><td>Uneasy</td><td>Aggravated</td></tr> <tr><td>Depressed</td><td>Guilty</td><td>Distressed</td><td>Annoyed</td></tr> <tr><td>Rejected</td><td>Easily Irritated</td><td>Fearful</td><td>Angry</td></tr> <tr><td>Despair</td><td>Anxious</td><td>Impatient</td><td>Outraged</td></tr> <tr><td>Helpless</td><td>Sad</td><td>Intimidated</td><td>Nervous</td></tr> <tr><td>Hopeless</td><td>Grieving</td><td>Restless</td><td>Worried</td></tr> </table>	Abused	Paranoid	Unable to Grieve	Panic	Criticized	Overwhelmed	Apprehensive	Intolerant	Overworked	Muddled	Agitated	Uncertainty	Paralyzed	Persecuted	Uneasy	Aggravated	Depressed	Guilty	Distressed	Annoyed	Rejected	Easily Irritated	Fearful	Angry	Despair	Anxious	Impatient	Outraged	Helpless	Sad	Intimidated	Nervous	Hopeless	Grieving	Restless	Worried	<p>Please mark the box that best describes the level of stress for the below listings.</p> <p>Family Stress: <input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> Severe</p> <p>Relationship Stress: <input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> Severe</p> <p>Work Stress: <input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> Severe</p> <p>Financial Stress: <input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> Severe</p> <p>Health Stress: <input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> Severe</p> <p>Other Stress: <input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> Severe</p> <p>_____</p>
Abused	Paranoid	Unable to Grieve	Panic																																		
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<p>Please list areas of pain and mark the circle that best describes the level of discomfort on a scale of 1 to 10.</p> <p>For example:</p> <p>(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) <u>Neck</u></p> <p>(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) _____</p> <p>(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) _____</p> <p>(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) _____</p>	<p>Pain Scale:</p> <p>1 = Slight awareness of discomfort.</p> <p>2 - 3 = Awareness of discomfort as an aggravation.</p> <p>4 - 6 = Pain is strong but you can still function.</p> <p>7 - 9 = Pain is so strong you are unable to function normally.</p> <p>10 = You feel like you need to go to the emergency room.</p>
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Please shade the areas of pain or discomfort on the body diagrams below and make comments on the side if necessary.

FRONT

Right Left

BACK

Left Right

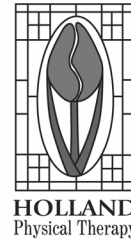
Comments: _____

Your Signature: _____

Practitioner comments: _____



BodyTalk Consent Form



Willem Klokman, LPT,CBP
Licensed Physical Therapist
Certified BodyTalk Practitioner

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I, _____, understand that the BodyTalk session provided by Willem Klokman, Certified BodyTalk Practitioner, is intended to enhance relaxation and increase communication within areas of the body. I acknowledge that The BodyTalk System is non-invasive, safe, and objective, utilizing the body's own innate intelligence to reestablish communication within itself.

I understand that the BodyTalk System is not a substitute for medical treatment or medications. I am aware that the BodyTalk Practitioner does not diagnose illness or disease nor does the Practitioner prescribe medications.

I understand that participation in a BodyTalk session is voluntary and that at all times I may choose to end my participation. 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. The BodyTalk session may take approximately 15 to 45 minutes.

I understand that information exchanged during any session is educational in nature and is to be used at my own discretion. I also understand that any information imparted during these sessions is confidential and will not be released without my prior written consent, except as required by law.

I agree to pay \$ _____ fee per session. Payment is cash or by check and is due at the time of service. Since time has been especially reserved for me, I understand that a 24-hour cancellation notice is expected and missed appointments will be charged.

If I have any questions or concerns, I will address these promptly with the BodyTalk Practitioner. I hereby authorize Willem Klokman to provide me with BodyTalk sessions.

ACKNOWLEDGEMENT FORM

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Signature: _____ Date: _____

Name [please print]: _____