

Paula S. Derry, Ph.D.
Shiatsu and Eclectic Bodywork

Name:

Date:

Birthdate:

Home phone:

Mobile phone:

Address:

E-mail:

Please note here if you do not want me to contact you at any of the means listed above.

Please use back of sheet or a second sheet if you need more room.

What are your goals for the sessions-- mental/emotional (e.g., relaxing), spiritual (e.g., centering), and physical:

Please list any other stresses, concerns, or goals:

Previous experience with bodywork, energy work, or meditation:

Please list all current medications, supplements, and herbs that you are using:

Please list all current and past illnesses, injuries, traumas or accidents, and surgeries:

Please list any physical problems or limitations, and any physical or health concerns:

Please list any other questions you have of me or other information you would like me to have: