

DAVE MONETTE CST SESSION INTAKE FORM

Information on this form is held in strict confidence

Name:

Date:

Date of Birth:

Occupation:

Session Goals:

HEALTH HISTORY

Have you experienced Craniosacral work in the past? How long ago and with whom?
What was your experience?

Would you like more information about Craniosacral work before starting this session?

How is your health in general?

Are you currently taking any medications?

What surgeries have you had? (please state how long ago and the outcome)

Accidents and/or broken bones (examples: car, airplane or equestrian accidents, traumatic falls, sports injuries, etc.)

Major Illnesses? Any birth trauma?

Problem areas (examples: sore hip, low back, shoulder, knee, ankle, etc.) Please list and describe:

How is your sleep? Would you like more... or less?

Have you ever had a negative touch experience?

Is there anything else you would like to add?

QUESTIONS FOR MUSICIANS

What are your strengths as a musician? What are your challenges?

Do you experience any ongoing pain or discomfort that affects your musical life? Please describe.

If you could immediately improve any aspect of your musical life, what would it be?

Were your parents and/or family supportive of your interest in music? Was there any one person who was a particularly strong influence on you (supportive or not)?

Is there anything else regarding your musical life that you would like to share before your session today?

