

**Timothyray Laber, LMT, CNMT**  
**Specializing in Cranial Release Technique**  
Mandala MedSpa  
1715 Stickney Point Road, Suite B Sarasota, FL 34231  
Office Phone (941)927-2278, Practitioner Phone (941)993-7572

**Client Information**

*This confidential record will be kept in this office and will not be released to any person without your written authorization.*

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DOB \_\_\_\_\_ Phone (      ) \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone (      ) \_\_\_\_\_

**I. Reason(s) for seeking Cranial Release Technique (CRT)** Your Stress Level Today: 1 – 10 \_\_\_\_\_

I have specific concerns---List below     I want overall health maintenance     Stress Relief  
Have you ever received Cranial Release Therapy (CRT)?  Yes, When? \_\_\_\_\_  No

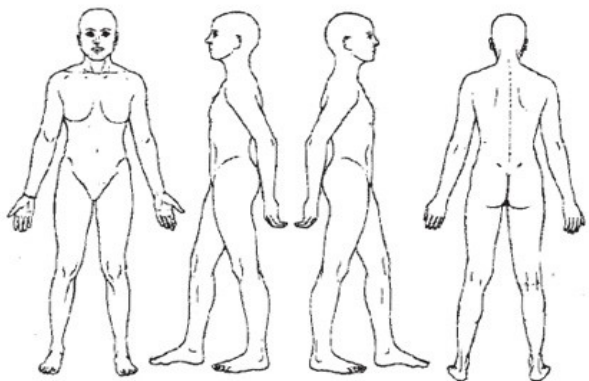
**II. Specific Concern(s):**

1. \_\_\_\_\_  
Symptom \_\_\_\_\_ Date of Onset \_\_\_\_\_

2. \_\_\_\_\_  
Symptom \_\_\_\_\_ Date of Onset \_\_\_\_\_

3. \_\_\_\_\_  
Symptom \_\_\_\_\_ Date of Onset \_\_\_\_\_

Mark all areas of pain, discomfort, numbness and/or lack of full function on the illustrations below with an "X":



**III. Brief Medical History**

Please check all that apply

- Loss of consciousness
- Head injury/ies
- Neck injury/ies
- Falls or blows to the head
- Surgery to the cranium or neck (if yes give more detail below)
- Recent injury or accident, details \_\_\_\_\_
- Born breech, via Cesarean section or assisted with forceps, vacuum or other medical interventions that you know of

\* Any Joint Replacements? No Yes If yes, which joint(s)? \_\_\_\_\_

\* Any Disc Bulge or Herniation? If so, where? \_\_\_\_\_

**IV. List Cranial and/or Neck Surgical History:**

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**V. Medications**

Have you been diagnosed with diabetes and are you currently insulin dependent? [ ] Yes [ ] No  
If yes, after receiving each CRT correction, monitor your blood sugar before administering your next dose of insulin.

**VI. Current Health Care**

Are you under the care of an MD, DO, Acupuncturist, or other primary health care provider? [ ] Yes [ ] No  
If yes, who is your care primary health care provider?

\_\_\_\_\_

Name of Provider City and State of Provider

Please provide any other information that you think is relevant for me to know in order to treat you safely and effectively:

**VII. Agreements**

I have read and understood all of the questions on this form. My signature below confirms that I have answered all of the questions truthfully, and that I will inform this office of any changes in my health care status.

\_\_\_\_\_

Signature of Client Date

\_\_\_\_\_

Name and Signature of Responsible Adult if Client is a Minor Relationship to Client

We may ask to record images of you before and after your CRT corrections. We would like to use this very helpful information to further the education of others regarding the benefits of receiving Cranial Release Technique. I give Natural Health Center and the therapist listed above the permission to use any of my photos, videos and testimonials.  
[ ] Yes [ ] No [ ] Undecided at this time

**All missed appointments and appointments canceled with less than 24 hours notice will be charged for the full amount of scheduled treatment. Thank you for your consideration and cooperation.**

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

1. Length of time experiencing your symptom(s)?
  
2. What have you tried for relief?
  
3. What makes symptoms feel better or worse?
  
4. How much, and of what types, of exercises do you get?
  
5. Do you use coffee or caffeinated teas?                      How much and how often?
  
6. Do you drink water and how much each day?
  
7. Are you on any prescription medications, and if so: what?
  
8. Any recent injuries or strains?
  
9. Ever in an auto accident, if so: when, where, and were you injured?
  
10. Any surgeries, if so: when and for what?
  
11. Is time of day, or activity, a factor in your symptoms?