

Luisa Batista

Biodynamic Breathwork & Trauma Release

BBTRS®

**INTAKE FORM**

**This information is strictly confidential and will be reviewed by your practitioner only. Please answer thoroughly & honestly.**

**You are important; this information is valuable for knowing and understanding you better, which is helpful in providing you with the most appropriate, individualized care and support.**

**Name:**

**Date of birth:**

**Email:**

**Telephone/Whatsapp:**

**YOUR LIFESTYLE**

**a) Explain your average daily diet:**

**b) What type of exercise do you engage in and how often:**

**c) Do you have a meditation and/or self-resourcing practice? What? How often?:**

**d) Your job, occupation, service, etc:**

**e) Average stress level (circle a number): 1 2 3 4 5**

**Please share about any stressful aspects of your life:**

**f) Please describe your support systems/resources:**

***Health History***

**a) Are you currently under the care of a medical doctor? Yes / No**

If yes, please provide the reason including specific details, as there are contraindications with BBTRS that we will discuss.

**b)  Are you currently taking any medication? Yes No If yes, please provide more information:**

**c)  Prior hospitalization/surgeries. What for? When?**

**d)  Are you currently seeing a psychiatrist or psychologist? Yes / No**

If yes, please provide details of the nature for this care. For what specific purpose, for how long, the results:

**e)  Have you previously been under the care of a psychiatrist or psychologist: Yes / No**

**If yes, please provide details of the nature for this care. For what specific purpose, for how long, the results:**

**f) Have you ever been hospitalized for psychiatric care? Yes / No**

If yes please provide details of the nature for this care. For what specific purpose, for how long, the results:

**g) Are you currently taking or have been prescribed psychiatric medication? Yes / No**

If yes, please share which medication, for what diagnosis, for how long and the results:

***SIGNIFICANT LIFE EVENTS***

1. Please share about any traumatic experiences. These may be physical and/or psychological, emotional in nature having occurred at birth, your developmental years, a one-time shock/situation:

b) Generational trauma (parents, grandparents, etc):

c) Your birth story if known ie: vaginal, C-section, drug use during pregnancy or birth:

d) Stressful family circumstances at birth &/or throughout development:

***Please add any other relevant information or elaborate on the questions above.***

***What are you hoping to experience, learn, release, transform, integrate, take away from your BBTRS sessions?***

Thank you so much for taking the time to be thoughtful. I am looking forward to our time together.