KAREN TOWNSEND

holistic transformative bodywork

Certified H.A.R.T. Method Practitioner Therapeutic Massage Thai Massage

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www.callkaren.org

Mood swings _____

Holistic

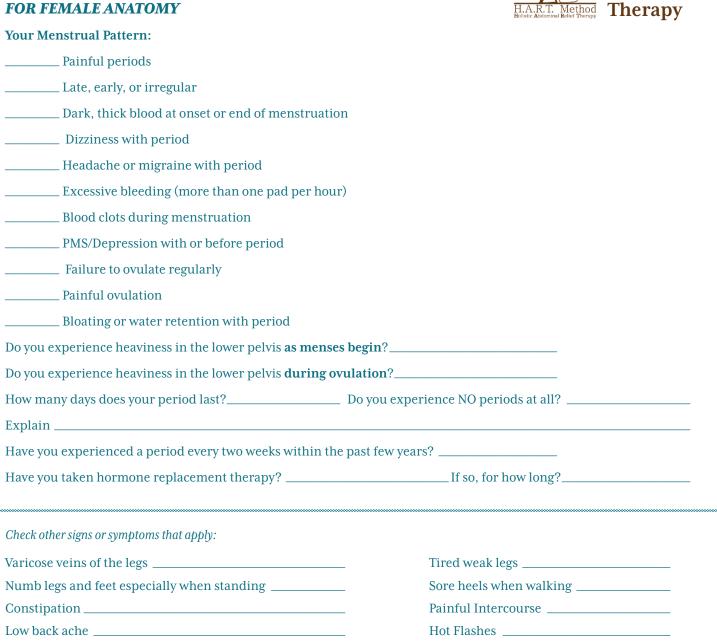
Relief

Abdominal

Client Health History

Cervical polyps _____

FOR FEMALE ANATOMY





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Client Health History



Oter me poryps	WEITIOT y 1088
Uterine fibroids	Depression
Frequent urination	Bladder infections
Vaginal discharge Color? How Often?	Insomnia
Vaginal yeast condition/vaginitis	Fatigue
Chronic miscarriages	Spotting
Premature deliveries	Pelvic inflammation
Weak newborn infants	Ovarian or breast cysts
False Pregnancies	Endometriosis
Difficult pregnancy "incompetent" uterus	Endometritis
Sexually transmitted disease	Dry vagina without menopause
Cancer of the:	
cervixuterusbladder lower bowel	
List any other symptoms not included on list:	
How many pregnancies have you had?	Number of deliveries?
Date(s) of deliveries ?	How many children?
Were there any complications?	
What was preganancy like for you?	
Labor?	
Delivery?	
Did you nurse your babies?	
If so, what was your impression of that experience?	
Have you had any pregnancy loss?	Have you had any abortions?
If so, how many and when	
What medications did <i>your mother</i> take when she was pregn	ant with you?



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Client Health History



Do any of the women of	n your mother's side of the far	nily suffer from any of the following:
Fertility issues	Menstrual problems	Difficult childbirth
Difficult menopause	Cancer	Heart trouble
Are you currently pregi	nant?	Are you hoping to become pregnant in the future?
Do you now or have you	ı ever had fertility challenges?	
Are you now or have yo	u ever taken birth control pill	s?
When and for how long	?	
If nay, what type of birt	h control methods do you <i>cur</i>	rently use?
Have you ever used:		
IUDEssure _	hormonal birth control _	hormonal replacement therapy
Are you presently or ha	ve you recently been under a	doctor's care for gynecological problems? Explain.
•		or as an adult especially those that involved your tail bone, back,
r in	r · · · · · · · · · · ·	
Rate your interest in se	x: High Moderate _	Low None
Do you have difficulty a	chieving orgasms? Explain	
Were you ever raped? _	At what age di	d this occur?
Are you a survivor of in	cest? Have you undergone co	unseling for rape or incest?
What was that like for y	ou? Did it help?	
Supplements		
Please list any supplem	ent, herbs, vitamins, or natur	ral products you are presently taking: