



Owning Your Intake

A Full-Bodied Report

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Introduction

Welcome to your own health history! In the world as it is, we very rarely have the time to connect with our bodies in a deep and honest way. Maybe we go looking for help and the person who's supposed to be helping doesn't have the time to hear the whole story either. Without a deep and thorough intake of our own bodily experience, how can we know what we need? Who we need? Or what to do next?

This booklet is intended to give you a new lens through which to consider your body. How it is, where it's at, and what it's been through. Then you can own your intake—and take that information wherever it's needed, to do what needs to be done. Take your time. Visit it often. Make several drafts.

Things are changing all the time.

Framework

Part 1: What's Happened to Me?

Take this space to list, date, and describe any or all of the following: Surgeries, Diagnoses, Medications, and Traumas (physical, mental or emotional) that have happened to your body.

Part 2: What's Handed to Me?

Take this space to reflect on the following three questions:

- How has race impacted my body?
- How has gender impacted my body?
- How has sexual orientation impacted my body?

Keep in mind that the impact of each of these things may have been positive or negative, advantageous or disadvantageous to your body, but there is no-body that is not impacted.

Systems

How are things running?

How are things with my **digestion**? Can I eat whatever I want, no sensitivities to food, regular bowel movements every day? Is food a pleasure, a pain or a problem?

How are things with my **heart and lungs**? Do I have high or low blood pressure? Do I struggle with asthma, bronchitis, pneumonia? Heart palpitations? Panic attacks? Am I able to breathe and relax?

How are things with my **fertility**? Do my reproductive organs do what they're supposed to do when they're supposed to do it?

How are things with my **fluid management**? Do I drink way more than I pee? Pee way more than I drink? Are things swollen, urgent or incontinent at times? Does my bladder wake me up?

How are my **sensory organs**? Any issues with my skin? Changes in vision, hearing, smell, or taste? Dizziness, nausea, ringing in the ears? Do I get migraines, frequent headaches, or clench and grind my jaw?

Rhythms

Have I lost the beat?

Make notes on how you feel and relate to each one of these cyclical body rhythms.

Sleep	
Energy	
Hunger	
Sex Drive	

Activity Log

What do I do a lot of in my body?

(Circle all that apply)

Sit Stretch Stand Sleep Stress Breathe Brace
Strengthen Run Swim Bike Walk Dance Laze
Fight Procrastinate Work Rest Recover Write Draw
Lift Jump Roll Listen Ignore Demand Expect
Grieve Feel Hope Try Avoid Laugh Cry

Add any that were missed:

What do I want to do more of in my body?

(Circle all that apply)

Sit Stretch Stand Sleep Stress Breathe Brace
Strengthen Run Swim Bike Walk Dance Laze
Fight Procrastinate Work Rest Recover Write Draw
Lift Jump Roll Listen Ignore Demand Expect
Grieve Feel Hope Try Avoid Laugh Cry

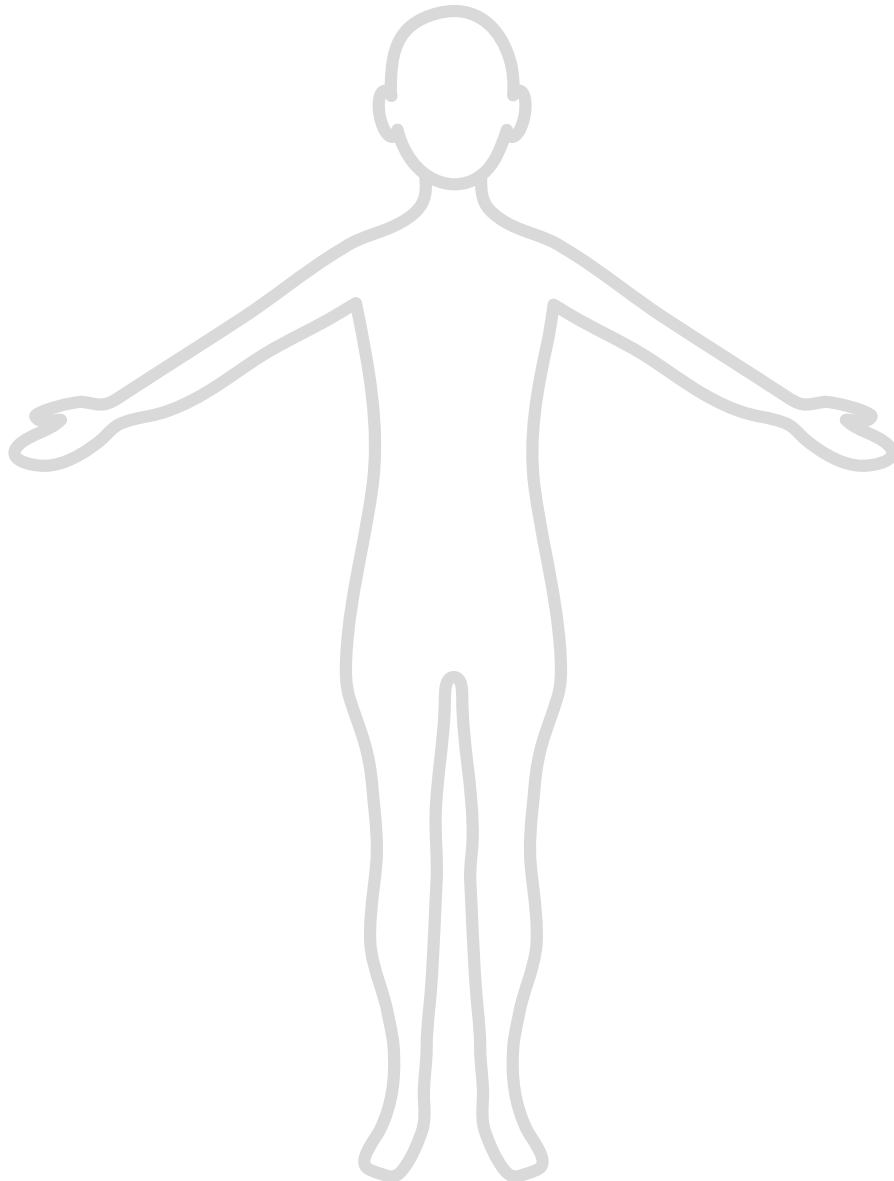
Add any that were missed:

Of all the things listed, are there any that I *never* do?

Making Connections

Activity #1

Use circles, arrows, dots, words, or colours to capture as much of the information in this booklet as possible on this image of a body. Try to take note of where your experience is located (Hint: It's all in one body!)



Making Connections

Activity #2

Put as much of the information gathered in this booklet as you can along this line and see if the order of things overlap experiences in ways you hadn't considered.

Then _____ Now

Closing Thoughts

After completing this intake, what are 3 things that the information makes me feel? E.g. anxious, neutral, curious

- 1.
- 2.
- 3.

What are 3 things I now want to learn? E.g., more about balance as it relates to my ear ringing, more about breath and the nervous system

- 1.
- 2.
- 3.

What are three things I could do to keep on learning? E.g., keep a body journal, find a new practitioner, get a particular book

- 1.
- 2.
- 3.

If I were to imagine something changing because of these reflections, what would happen to my body? How long do I think it would take?



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