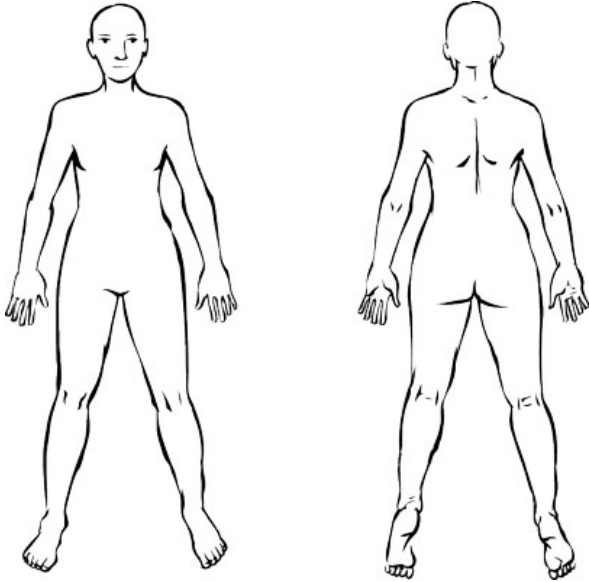


Name: _____ Date: _____

Signature: _____ Phone: _____



On the drawing, please indicate areas where you are experiencing symptoms of pain, stiffness, weakness or swelling:

P to indicate **PAIN**

S to indicate **STIFFNESS**

W to indicate **WEAKNESS**

E to indicate **EDEMA [SWELLING]**

PLEASE ASSESS THE NATURE OF YOUR SYMPTOMS BELOW:

HEADACHE	NECK	MID BACK	LOW BACK	ARM/HAND	LEG/FOOT	OTHER
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Intensity: 0=No pain; 1-2-3=Low, forgotten during activity; 4-5-6=Mild, can still do activity with pain; 7-8-9=Moderate, interferes with activity; 10=Severe, refrain from activities due to pain.

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Frequency: How long do the symptoms last and how often do they occur?

For example: Constant, Frequent, Random, # times daily, # times weekly, # times monthly.

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Character: What qualifies how the symptoms feel?

For example: sharp, burning, ache, dull, tight, spasm, sore, numb, sick, vice, tingle, pins/needles.

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Please specify any medications or dietary supplements that you are currently taking.

Please specify any disease or illness for which you have been clinically diagnosed.

Please specify any autoimmune condition (e.g., PTSD, CFS, FMS) for which you have been treated.

Please describe any serious injury or surgery that has occurred recently.

Please describe any *chronic pain* symptoms that you have (e.g., sore neck, headaches, lower back pain).

Please describe if have you ever been knocked unconscious, had a seizure, stroke or aneurysm.

Please relate any details that you know about your birth (i.e., the pregnancy, labor, and delivery).

Please assess how you feel right now in the midst of all that might be happening in your life.

What brought you here for this session? What are your expectations? What do you believe is possible?

Please, be aware that the effects of any therapy may be residual for several hours after a treatment. In addition, please understand that the therapy may alleviate stress, may relieve muscular tension or spasm, may reduce fascial tonicity or strain, and may improve primary respiration. Any other effects that you may experience, such as profound relaxation, enhanced well-being or even increased pain or emotional instability are therapeutic in their own right. I ask that you would not ignore any symptoms; feel welcome to communicate them to me, if you should feel the need to share.

Please be advised that I will not diagnose any illness, disease or any other medical, physical or mental disorders, but I will be glad to assist you in finding someone who is qualified to do so. In any event, it is your responsibility to consult with such a physician concerning any ailment, and I reserve the right to refuse you treatment if there should be any doubt as to how it may affect you.