

PAUSIBILITY STUDIO

Client Intake Form

Name: _____

Address: _____ City: _____ Zip Code: _____

Email: _____ DOB: _____

Telephone: _____ Occupation: _____

Medical History

Describe your general health: _____

Describe any current medical conditions: _____

When did this condition begin? _____

What aggravates it? _____

What relieves it? _____

Other medical conditions: (please check all that are applicable)

- Blood clots (thrombophlebitis)
- Cancer - area: _____
- Degenerative discs
- Hypermobility in joints (easily dislocate)
- Other _____

Current medications:

- muscle relaxants
- pain medications
- anti-inflammatory drugs or tranquilizers
- other medications _____

Previous surgeries or injuries (with dates): _____

Mind - Body Scan:

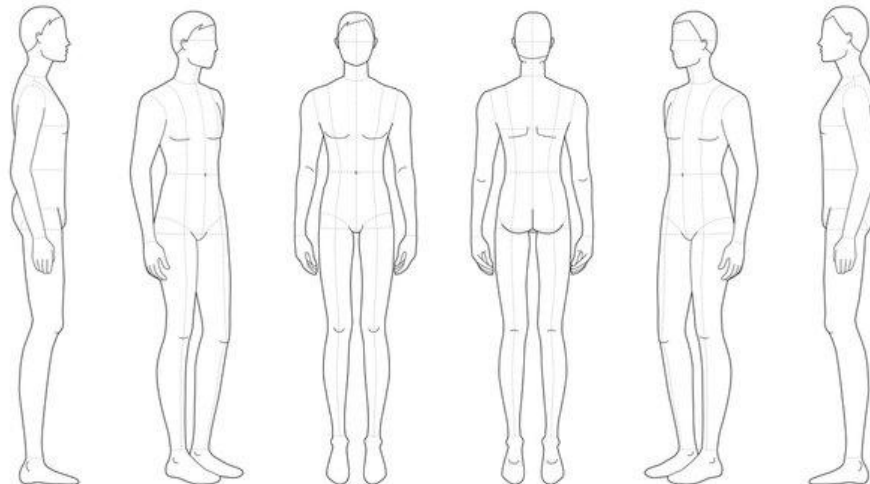
On a scale of 1-10 (least stress to most stress), how stressed do you feel today? _____

What sensations do you notice in your body ? _____

What emotions are you aware of today? _____

What is on your mind today? _____

Where in your body do you experience stiffness, soreness, numbness, or restricted range of motion? *Circle areas on the drawings that need special attention:*



Lifestyle

Have you experienced any physical or emotional traumas you would like me to be aware of? _____

What relaxation and/ or fitness practices do you enjoy? _____

Which Health care professionals do you see? _____

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Intentions:

What goals do you have for our work together? _____

How would you like to feel at the end of your session? _____

What would you like to learn more about your body and your health? _____

Is there anything else you would like me to know? _____

Referrals:

Is there someone I can thank for referring you to me? _____

Policies:

I am a member of TRAGER International and the United States Trager Association. I am certified as a Practitioner, Tutor and Instructor. I comply with their ethical standards. This includes confidentiality. Your personal information will not be shared without your consent.

Your appointment time is reserved especially for you. If you need to reschedule, please give at least 24 hours notice; otherwise a cancellation fee may be charged. Thank you for your cooperation and understanding.

The purpose of The TRAGER Approach and Pausibility Sessions is to offer relaxation, body awareness, and movement re-education. I will not treat, prescribe or diagnose an illness, disease or any other physical or mental disorder.

I have read and understood the above. I have disclosed accurate health history information.

Client's signature _____ Date _____