PAUSIBILITY STUDIO

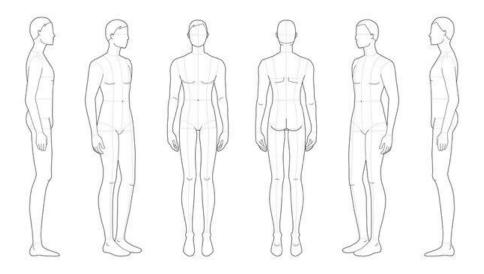
Client Intake Form

City:	Zip Code:
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Mind - Body Scan::

a s	cale 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 awa 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?			
	re about your body and your health?			
	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.				
• •	ed especially for you. If you need to reschedule, please give se a cancellation fee may be charged. Thank you for your			
	proach and Pausibility Sessions is to offer relaxation, body education. I will not treat, prescribe or diagnose an illness, mental disorder.			
I have read and understood the information.	e above. I have disclosed accurate health history			
Client's signature	Date			