

Thank you for scheduling a session ☺ Date _____

Name _____

Email _____ Phone _____

Address _____

Referred By: _____

I have read and signed the informed consent Yes No

What would you like to work on?

What do you know about it?

Have you seen a doctor? Chiropractor? Physical Therapist?
Counselor? Other?

When did it begin? New? Has been an issue in your past? Comes and goes? Sometimes a *life timeline* is helpful....

What have you done that has helped?

Yoga? TiaChi? Meditation? Exercise? Supplements? Rx?

What have you done that has not helped?

How would your life be different if you did not have this *problem*?

Are you willing to do homework, specific movements, to reinforce the work we do?