

Empowered Body Solutions Client Intake Form

Client Name: _____ Date: _____

Address: _____ Phone: _____

Cell: _____ Email: _____

Referred by: _____

Current Symptoms (include Onset and Duration) Pain Level 1-10

1. _____

2. _____

3. _____

4. _____

Do you have any health issues? _____

Are you currently on any pain or other medications? _____

What position, if any, increases your pain? _____

What position, if any, decreases your pain? _____

Which are your favorite e-cises? _____

Do you have trouble sleeping due to pain? _____

What time of day do you have the most pain? _____

Do you feel better or worse with movement? _____

What kind of exercise or activities are you involved in? _____

What are your reasons for seeking Egoscue? _____

Short-Term Goal(s): _____

Long-Term Goal(s): _____

Successes to date: _____

Time willing to invest in menu: 30 min 45 min 1hr Any (circle one)

Cost options: ___\$150 single visit ___ 4 sessions @ \$500 ___ 8 @ \$850

What time is best for your menu? AM PM Split Any Pre/Post

Type of Learner (check one) : ___Auditory ___ Visual ___Kinesthetic