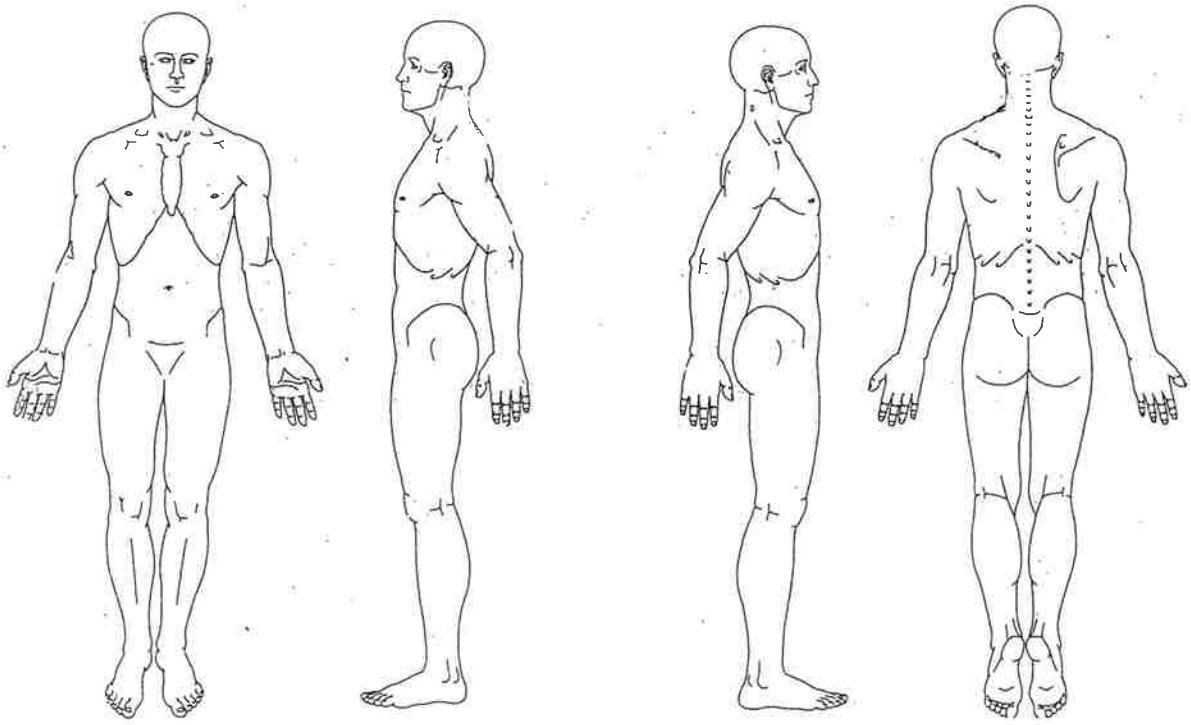
Client Form

Name_____ **Date**_____

Please mark on the figures below any areas where you are experiencing current pain, discomfort or challenges.



Mark N if you experience any of these Now.

_____Low back problems
_____Pain between shoulders
_____Neck Problems
_____Arm problems
_____Leg problems
_____Swollen joints
_____Painful joints
_____Stiff joints

_____Ruptures
_____Stiff Joints
_____Sore muscles
_____Weak muscles
_____Walking Problems
_____Balance Problems
_____Broken Bones
_____Dizziness

*Comments:*_____