**INSPIRATIONAL MOVEMENT – Physiotherapy for Neurological Impairment. New Client Form.**

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| **Client Name:**    **DOB:**  **Phone Contact:**  **Email Contact:**  **Address:**  **Next of Kin**  **Next of Kin Phone Contact:** |
| **Primary Reason for Contacting Inspirational Movement:**  **Your goal: What do you want to achieve?**  **Are you currently working with any other Medical & Allied Health Professionals?** |

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| **List your Neurological Impairments and functional limitations?** *(e.g. right-hand weakness - unable to fasten buttons)* |
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**How do you think Inspirational Movement can assist you?**

**Thank you for your time!**

**We will be in touch soon!**