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

|  |
| --- |
| **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?** |

|  |
| --- |
| **List your Neurological Impairments and functional limitations?** *(e.g. right-hand weakness - unable to fasten buttons)* |
|  |
|  |
|  |
|  |

**How do you think Inspirational Movement can assist you?**

**Thank you for your time!**

**We will be in touch soon!**