



# Breath Body Works, LLC

*Providing effective therapeutic body work since 1988.*

## Client Intake Form

Name: \_\_\_\_\_ Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Client Evaluation by: \_\_\_\_\_

Current Symptoms

Level 1-10

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Occupation: \_\_\_\_\_

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 is your primary reason for joining this program? \_\_\_\_\_

Short-Term Goal(s): \_\_\_\_\_

Long-Term Goal(s): \_\_\_\_\_

Successes to date: \_\_\_\_\_

Time willing to invest in menu: \_\_\_\_\_

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

Type of Learner:    Auditory            Visual            Kinesthetic