Confidential Patient Information Handspring Bodywork rev 11/21

Name: _____ Date of Birth:_____

Street Address:_____ Appointment Date:_____

Occupation:_____

City, State: Zip: _____

Email address: _____ Employed by: _____

Best phone number to reach you:_____ Referred by:_____

Next best? _____

What kind of contact do you prefer? email __ Phone _text ____

Do you currently have any diagnosed conditions? If so, please describe:

_____

_____

_____

If you are seeking help about a specific problem, what have you done about it so far? Have you seen other health care providers? If so, who and what kind of doctor/practitioner?

_____

_____

_____

Do you currently have, or have a history of:

__ muscle spasms

___ frequent or severe headaches

___spinal problems (disc, pinched nerve, pain)

___ chest pain

___ bladder/bowel problems/irritable bowel

___ GERD, heartburn, gastric reflux

___ cancer (Tell me more)

__ depression and/or anxiety

___ Fibromyalgia/Chronic Fatigue Syndrome

___ numbness/tingling in hands/feet

___ foot and/or arm/hand pain

___ PMS/severe menstrual cramps

___ osteoporosis/osteopenia (bone loss)

___ joint replacement Which one(s)? When?

Do you currently have difficulty or pain when

___moving from sitting to standing

___ finding a comfortable sleeping position

___ doing household chores/yard work

___ dressing

___ driving for more than _ min/<u>hour</u>

___ sitting for more than _____

__sleeping

___ walking for more than _____

___ exercising/playing sport

___ standing for more than _____

___ reaching

___ other, details _____

Please list any surgeries or bodily injuries (car accidents, sprains, falls, bone fractures etc.) and when they occurred.

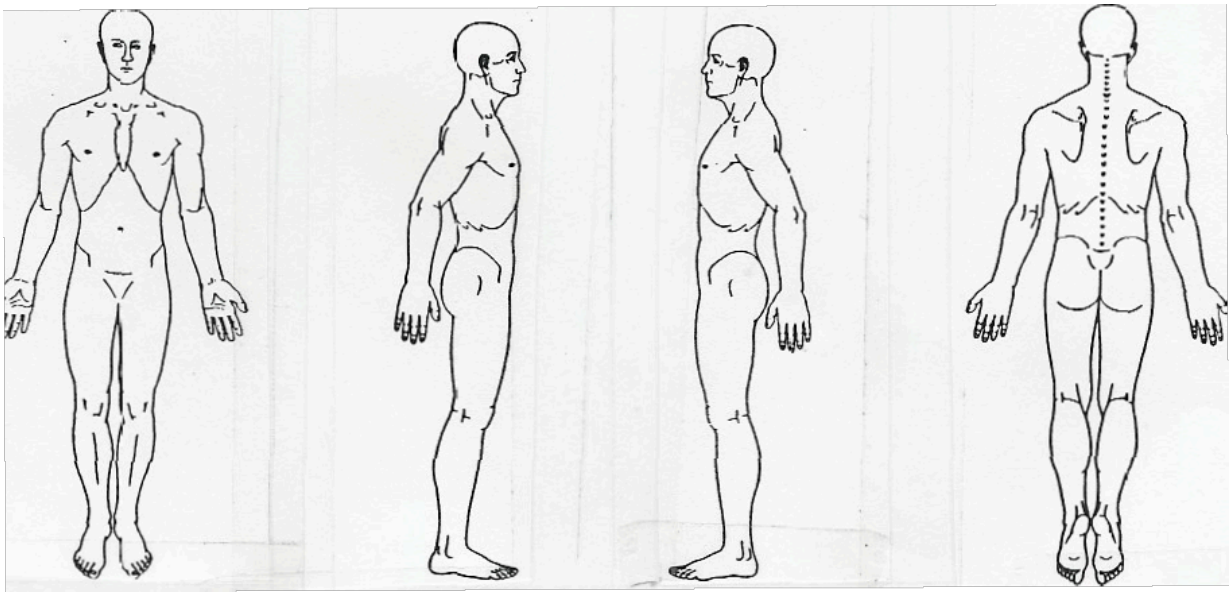
_____

_____

_____

_

On the figures below, please mark your areas of pain, tension or concern.
In Adobe, click the 3 dots to the right of the blue



How would you rate your pain today?

None THE WORST!!

1 2 3 4 5 6 7 8 9 10

What is your goal for the treatment you receive here?

_____

Is there something you like to be able to do that has become difficult for you?

_____

Cancellation policy: Please give at least 12 hours notice if you cannot keep your appointment. Cancellations without notice and no-shows will be charged a $60 fee. If you suddenly become ill, there is no fee: please do NOT share your germs!! Forgetting your appointment, writing the time down wrong, etc. will occur a fee. Thank you for your understanding. Nancy Crooks is NOT a licensed doctor, nurse, osteopath or physical therapist. The intended benefits of therapeutic bodywork are to reduce pain, increase relaxation; striving for balance and a feeling of well-being; however these benefits do not occur immediately in all cases. Possible temporary reactions include fatigue, soreness or stiffness in the following 2-3 weeks, temporary increase in symptoms, or brief resurgence of old symptoms.

**If returning by email, please save as <your_name> and send to handspringbodywork@gmail.com**