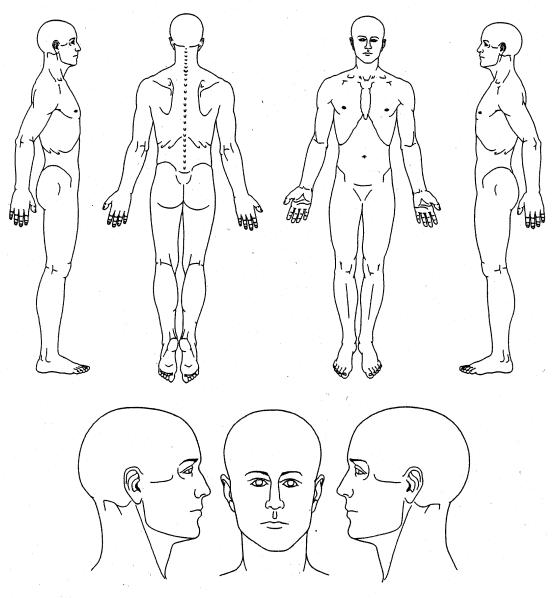
PAIN RECORD

NAME	AGE	SEX	DATE	
MAJOR PROBLEM TODAY:				

WITH RED PENCIL, COLOR THE AREAS WHERE YOU'VE HAD PAIN LATELY:



INTAKE FORM	Therapist:		
Today's Date:			
Name			Marital Status
Address	Occupa	ation	
	 	Height	Weight
Phone (Home)	(Work/Ce	ell)	
Email	Referred by		
Emergency Contact Name	Phone		
Describe any chronic pain/tensi	on. For how long?)	
Is your pain/tension worse in the	e morning or even	ing?	
Does your work or any other act	tivity increase you	r pain/tension?	
Current Medical Issues and Trea	atments:		
Past Medical Issues and Treatme	ents:		

INTAKE FORM

Therapist:

Are you currently under the care of	a physician?					
If yes, what are you being treated for	r?					
Are you currently under the care of	a chiropractor?					
If yes, what are you being treated for	or?					
Are you currently under the care of an alternative medicine practitioner?						
If yes, what are you being treated for	or?					
Please list any medications, vitamins and supplements you are currently taking:						
Are you currently receiving any other body or energy therapies?						
If yes, what for?						
Please check any of the following that apply to you (in the past or currently):						
Heart problems	_Arthritis	Back problems				
High blood pressure	_ Osteoarthritis	Spinal problems				
Blood clots	_Wear contact lenses	Disc problems				
Varicose veins	_ Pregnant	Joint problems				
Pacemaker	_ Diabetes	Accidents or Injuries				
Neurological problems	_ Surgery	Major illness or disease				
Headaches	_ Epilepsy or Seizures	Recent breaks/sprains				
How frequently and for how long do you exercise and what do you do? Include sports, yoga, gardening, other physical activities:						
Consent for Thai Bodywork Treatment I understand that the purpose of Thai Bodywork is for relaxation and that it is not meant to diagnose or treat any illness, disease or any other physical or mental disorder, injury or condition. I have informed my Thai Bodywork practitioner about my state of health and any recommendations and restrictions on the part of my medical doctor or therapist insofar as bodywork is concerned. Client Signature Date						