

Egoscue Client Intake Form

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Referred by: \_\_\_\_\_

Current Symptoms (include Onset and Duration)                      Pain Level 1-10

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

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 are your reasons for seeking Egoscue? \_\_\_\_\_

\_\_\_\_\_

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

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

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

Time willing to invest in menu: 30 min 45 min 1hr Any (circle one)

Cost options: \_\_\_\$150 single visit \_\_\_ 3 sessions @ \$375 \_\_\_ 8 @\$1000

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

Type of Learner (check one) : \_\_Auditory \_\_ Visual \_\_\_Kinesthetic