INTAKE FORM Date:_____

Please bring this completed form with you on your first postural therapy appointment.
Your information will be kept confidential and will not be shared with any other organization.
You may use pen or pencil to check the boxes. Example: ☑

NAME:

DATE OF BIRTH:

HEIGHT: WEIGHT:

The best phone number to reach you in case of emergency:

Home phone: _____ Work phone:_____

Cell phone: _____

Email: _____

1. **The reason(s) for your appointment** (please check all that apply):

   ☐ Chronic pain
   ☐ Particular dysfunction: poor balance, inability to use stairs or walk outside, etc.

   Please specify: _____

   ☐ Foot issues, please specify: _____

   ☐ Poor posture

   ☐ Other, please specify: _____

2. **Your current diagnosis, if any:** _____
   Have you seen a physician or other healthcare practitioner about your particular symptom(s)?
   ☐ Yes
   ☐ No

3. **Artificial Joints**
   Do you have knee or hip replacement?

   If yes, please specify: _____

   Date of the replacement:
   _____

4. **Surgeries**
   Did you have any surgeries your life? Please specify and include date:
   _____

   _____

5. Symptom location and pain level

Where do you hurt? To the best of your ability please identify the area closest to the symptom.

At the same time, please write the current level of discomfort (LOD) on a scale from 0 to 10: 0-no pain, 1-3 – mild, 4-7 – medium, or 8-10 – severe pain/disability. Check all that apply.

Pain location	LOD	Pain location (continued)	LOD
☐ Head and Neck ☐ Shoulder ☐ Upper Arm ☐ Elbow ☐ Forearm ☐ Wrist and Hand ☐ Chest ☐ Stomach ☐ Upper Back		☐ Lower Back ☐ Hip and pelvis ☐ Thigh Front or Back ☐ Knee ☐ Ankle and foot ☐ Nerve Pain down arm ☐ Nerve Pain down leg ☐ Dizziness or ringing in ears ☐ Other, please specify: ----------	

6. When does it hurt?

What position, if any, increases your pain? _____

What position, if any, decreases your pain? _____

What time of day do you have the most pain? _____

Do you feel better or worse with movement? _____

Do you have trouble sleeping due to pain? _____

7. Have you tried physical therapy for your particular issue(s)?

☐ Yes
☐ No

If yes, are you currently doing your physical therapy exercises?

☐ Yes
☐ No

8. Medications

Are you taking any pain medications?

☐ Yes
☐ No

9. Supplements

Are you taking any supplements recommended for your musculoskeletal issues?

☐ Yes
☐ No

10. Sleep

On average, how often do you get at least 7 - 8 hours of sleep each day?

- ☐ Always or nearly always
- ☐ Most of the time
- ☐ Less than half of the time
- ☐ Seldom or never

11. Stress

☐ I am happy and stress-free (lucky!) ☐ I experience an occasional stress

☐ My life has been very stressful lately (check all that apply):

- ☐ Minor problems throw me for a loop
- ☐ Nothing seems to give me pleasure anymore
- ☐ I am unable to stop thinking about my problems
- ☐ I feel frustrated, impatient, or angry much of the time
- ☐ I feel tense or anxious much of the time

12. Job description

Select description that best describes the kind of work you do (check one):

- ☐ Sales - Office worker
- ☐ Sales - Outside
- ☐ Delivery / Driver
- ☐ Health Professional
- ☐ Manager / Professional
- ☐ Technical/ IT
- ☐ Service
- ☐ Homemaker
- ☐ Skilled craft / Trade
- ☐ Agriculture / Laborer
- ☐ Equipment Operator
- ☐ Factory Worker
- ☐ Unemployed
- ☐ Student
- ☐ Retired
- ☐ Professional Athlete
- ☐ Clergy
- ☐ Other, please specify: _____

13. Doctor Visits

How many visits have you made during the past 12 months to a doctor, emergency room, psychiatrist, chiropractor, acupuncturist, or other healthcare professional? Check one:

- ☐ None
- ☐ One
- ☐ Two
- ☐ Three
- ☐ Four
- ☐ Five
- ☐ Six
- ☐ Seven
- ☐ Eight
- ☐ Nine
- ☐ Ten or more

14. Do you smoke?

☐ Yes
☐ No

15. Time willing to invest in daily corrective exercises

What time is best for your menu? Circle what applies:

AM PM Split Any Pre/Post exercise

16. Type of Learner

Circle what applies:

Auditory Visual Kinesthetic

17. Contact preference

How do you prefer to be contacted?

☐ Email
☐ Phone
☐ Both - email and phone

18. Referral source

How did you find Upright Posture Fitness (UPF)? (Check all that apply).

☐ Family member
☐ Friend or Co-Worker

☐ Physician or Fitness professional (please provide name): _____

☐ UPF Website

☐ UPF Blog

☐ Yelp

☐ Assabet After Dark: catalog ☐ or class ☐

☐ Internet search
☐ Other: _____

19. Have you ever heard of the following postural/ natural movement specialists?

☐ Pete Egoscue (Pain Free Method) ☐ Katy Bowman (Nutritious Movement)

☐ Other: _____