

Trager® Client Intake Form

Name: _____

Birth Year: _____

Address: _____ Town: _____

Phone: _____ Occupation: _____

Email: _____

Medical conditions: Please check all that apply

<input type="checkbox"/> Arthritis Where? <input type="checkbox"/> Bursitis Where? <input type="checkbox"/> Headaches: Type? Current? Y / N <input type="checkbox"/> Swollen joints <input type="checkbox"/> Fibromyalgia <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Low Blood Pressure <input type="checkbox"/> Poor Circulation <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes Type? <input type="checkbox"/> Stroke When? <input type="checkbox"/> Chest Pain <input type="checkbox"/> Seizures <input type="checkbox"/> Heart Conditions	<input type="checkbox"/> Constipation <input type="checkbox"/> Sinus / Allergies <input type="checkbox"/> Hernia <input type="checkbox"/> Phlebitis <input type="checkbox"/> Varicose Veins <input type="checkbox"/> Cancer When? In current treatment? <input type="checkbox"/> Skin Conditions <input type="checkbox"/> Pregnant # _____ weeks <p style="text-align: center;">Due Date: _____</p> <input type="checkbox"/> Menstrual Pain <input type="checkbox"/> Warts <input type="checkbox"/> Athlete's Foot <input type="checkbox"/> Recent Surgery or Injury <p style="text-align: center;">_____</p>
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Describe any current medical condition not listed above: _____

Current Medications: (Name and reason) _____

Exercise / Movement practice (include type and frequency) _____

Where in your body do you hold stress and tension? (include frequency) _____

What emotions are you aware of when you consider your relationship to your body? _____

Are you aware of physical or sexual abuse in your history? _____

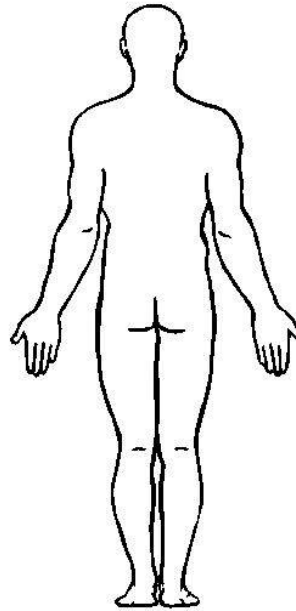
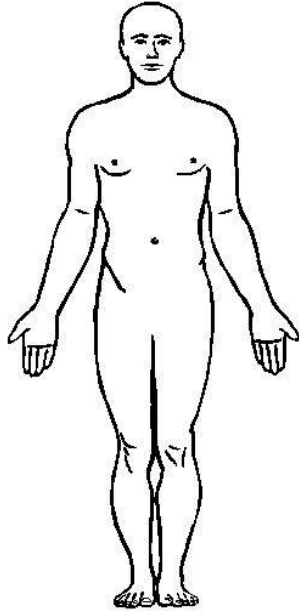
Please circle any areas of pain or concern:

P = pain

T = tension

RI = recent injury

OI = old injury



What can I help you with today? _____

When did this condition begin? _____

What aggravates it? _____

What relieves it? _____

What are your goals for us working together? _____

Your session time is reserved especially for you. If you find it necessary to re-schedule your session, I ask that you please reschedule or cancel at least 6 hours before the beginning of your appointment or you may be charged a cancellation fee. Thank you for your cooperation and understanding.

My statement to you: I am a member of the United States Trager® Association and American Massage Therapy Association. I comply with the ethical standards these associations represent. This includes holding the client's personal information that is on this form and what is learned in the session is respected and held confidential. Your personal information will not be shared without your consent.

Client's Signature _____ Date _____

Whom may I thank for referring you? _____