Trager® Client Intake Form

Name:_____Birth Year:_____

Address:_____Town:_____

Phone:_____Occupation:_____

Email:_____

Medical conditions: Please check all that apply

❑ Arthritis Where?	❑ Heart Conditions
❑ Bursitis Where?	❑ Constipation
❑ Muscle Pain Where?	❑ Sinus / Allergies
❑ Headaches:Type? Current? Y / N	❑ Hernia
❑ Swollen joints	❑ Phlebitis
❑ Fibromyalgia	❑ Varicose Veins
❑ High Blood Pressure	❑ Cancer When? In current treatment?
❑ Low Blood Pressure	❑ Skin Conditions
❑ Poor Circulation	❑ Pregnant #_____weeks
❑ Anemia	Due Date:_____
❑ Diabetes Type?	❑ Menstrual Pain
❑ Stroke When?	❑ Warts
❑ Chest Pain	❑ Athlete's Foot
❑ Seizures	❑ Recent Surgery or Injury

Describe any current medical condition not listed above:_____

_____

Please check all that apply for current Medications:

❑ Muscle relaxants
❑ Pain medication
❑ Anti-inflammatory
❑ Other:_____

List all other current Medications:_____

When did this condition begin?_____

What aggravates it?_____

What relieves it?_____

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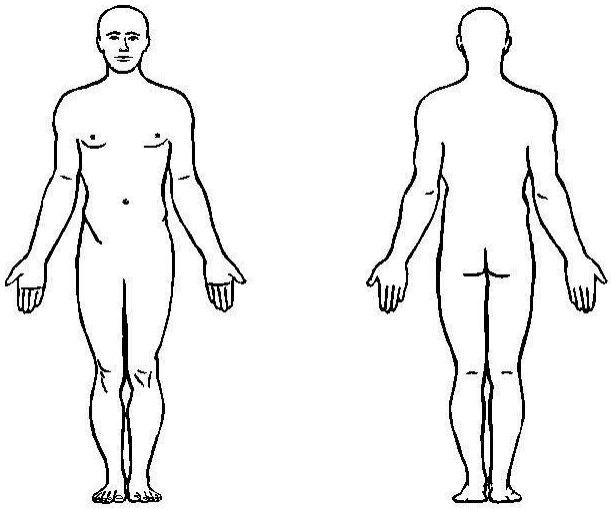
Please circle any areas of pain or concern:



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

_____

Exercise (include type and frequency)_____

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

Are you aware of physical or sexual abuse in your history?_____
If yes, age range_____

Significant word or action triggers that may be activated during a session_____

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 comply with the ethical standards this association represents. 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?_____