BODY BALANCE THERAPY INTAKE FORM

Name _____Date _____ DOB _____

1. What is the primary reason you are here?

   Any other complaints or issues?

2. Are you currently experiencing pain?_____
3. How bad is the pain on a scale of 0 to 10?

   0 ----------5----------10

   No pain at all Moderate Take me to the hospital

   Your pain rating: _____

   Type of Pain (circle one or describe below):

   Sharp Shooting Burning Stabbing Pinching Ache Soreness Throbbing

   How often do you experience this pain?

   What time of day are your symptoms the worst?_____

   What time of day are they the best?_____

   What increases your pain?

4. Do you experience headaches or "brain fog?" Yes / No

   If so, how often?_____

   Time of day?_____

5. Do you sleep at night?

   How many hours?_____

   How often do you wake up?_____

   Trouble falling asleep? Yes / No

   Do you wake up rested? Yes / No

   Is it difficult to change positions? Yes / No

6. List ALL Medical history and Surgeries (ie. High Blood Pressure, Diabetes etc.)

7. List ALL medications and supplements (continue on back if needed)

TYPE / DOSE / REASON

ACTIVITY LEVEL & GOALS

8. Do you exercise regularly? Yes / No
9. What type and how often?_____
10. Are you able to exercise now? Yes / No

11. In general, your lifestyle is: 1 2 3 4 5
    Inactive Average Active

List all the tasks/activities that you have difficulty performing and your tolerance (ie. I can only stand for 10 min then I have to sit).

_____

_____

_____

_____

12. Rate your level of daily stress: 1 2 3 4 5 6 7 8 9 10
    No Stress Average Above Average Extremely Stressful

13. How happy are you with your current:
    Activity Level?

    Stress Level?

14. What are you doing now to manage your symptoms?

15. What other treatments have you tried (Traditional PT, Chiropractor, Injections)?

16. What would you like to be able to do if you did not have these symptoms?

17. Other Goals?

I hereby certify that all the above information is true to the best of my knowledge.

Patient/Parent/Guardian Signature:_____ Date:_____