



Client Information Form

Name:

Address:

City, State, Zip:

Phone Number:

Email:

How would you like to communicate with me in the future? Check all that apply:

Text

Email

Call

Age:

Date of Birth:

Occupation:

Emergency Contact Name:

Emergency Contact phone number:

How did you hear about my work?

Nature and Irritability of Symptoms

Diagnosis (if you have one):

Symptoms:



How and when did your injury or symptoms begin?

What treatment or surgeries have you received for this condition?

What diagnostic tests were performed? When and what were the results?

History

Hellerwork Structural Integration and the other forms of bodywork that I facilitate with you can interact with all forms of healing and therapy. We will be realigning your body so that positive shifts can occur in many areas of your life.

In order to be ultimately effective for you, please share with me a few more details that are essential for your successful integration of the bodywork that we will be doing.

Do you have any health problems?

Are you currently taking medications? Please briefly explain for what purpose. If a physician prescribes medication for you, please note what kind of doctor.



Have you ever had any broken bones or other serious injuries?
(Even ankle sprains in childhood count in this section)

Is it possible that you have sustained a serious injury to which you are unaware of?

Have you ever had any major surgeries?

Have you ever participated in a therapeutic process? What methods have you used?
(For example: counseling, group or family therapy, intensive workshops, hypnosis, journaling, etc)

Have you ever regularly seen a practitioner for at least 3-6 months?
By regularly, I mean weekly, bi-monthly, or monthly.
This could be acupuncture, massage, chiropractic, psychologist, or other practitioners. Please describe briefly what kind of practitioners you've seen in last 3 years.



Have you ever participated in a therapeutic process that involved your body?
For example: somatic experiencing, trauma therapy, body-centered psychotherapy, yoga therapy etc.

Please describe your main reason(s) for coming to see me.