

Trager® Client Intake Form

Client Information

Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: (home) _____ (work) _____

Occupation: _____ Birth year: _____

Medical History

Describe your general health: _____

Describe any current medical condition: _____

When did this condition begin? _____

What aggravates it? _____

What relieves it? _____

Other medical conditions: (please check all that are applicable)

- | | |
|---|---|
| <input type="checkbox"/> blood clots (thrombophlebitis) | <input type="checkbox"/> cancer – area: _____ |
| <input type="checkbox"/> active <input type="checkbox"/> inactive | <input type="checkbox"/> degenerative discs |
| <input type="checkbox"/> hypermobility in joints (easily dislocate) | |

Current medications: (please check all that are applicable)

- | | |
|---|--|
| <input type="checkbox"/> muscle relaxants | <input type="checkbox"/> anti-inflammatory drugs |
| <input type="checkbox"/> pain medication | <input type="checkbox"/> other medication: _____ |
| <input type="checkbox"/> tranquilizers | |

Describe previous surgery or injury (include dates): _____

Are you pregnant? _____ Due date: _____

If pregnant, do you have a history of miscarriage? _____

Where in your body do you experience stiffness, painful or restricted range of motion?
(include frequency) _____

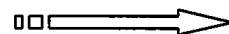
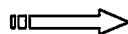
Where in your body do you hold stress and tension? (include frequency) _____

Dominate hand: right left ambidextrous

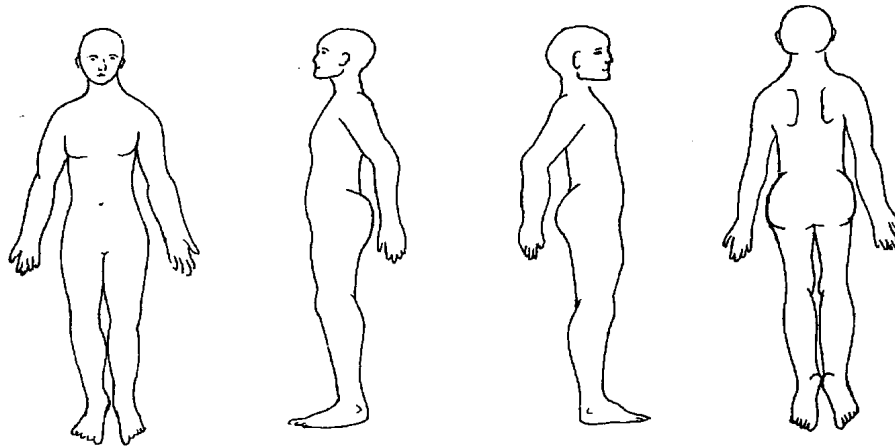
Are you aware of physical or sexual abuse in your history? _____

If yes, age range of abuse _____ Significant word or action triggers that may be activated
by a session _____

Please continue on the other side



Indicate on the drawing areas of concern in your body:



Lifestyle

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

Exercise (include type and frequency): _____

Relaxation / meditation practices (include type and frequency): _____

Additional health care professionals (include type and frequency): _____

If you wish, use the following space to tell me anything else about yourself that you would like me to know and/ or the goals you have for our work together.

Whom may I thank for referring you to me? _____

Your appointment time is reserved especially for you. If you find it necessary to re-schedule an appointment, a minimum of 24 hours notice is required; otherwise it will be necessary to charge you a cancellation fee. Thank you for your cooperation and understanding.

I am a member of and comply with the ethical standard this association represents. This includes holding as confidential the client's personal information including the information on this form. Your personal information will not be shared without your consent.

Client's signature: _____ Date: _____

I look forward to our work together.