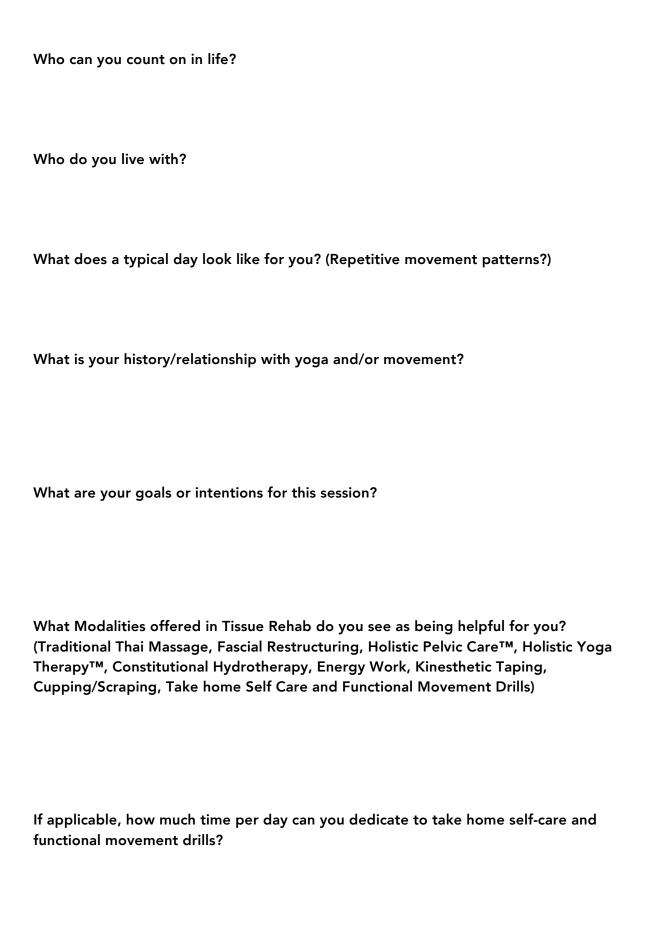
## **TISSUE REHAB INTAKE**

Name:	Birthday:	
Phone Number:	Email:	
Address:		
	any major surgeries, injuries, illnesses, birth injuries, or ectly impacted your health and well-being?	r
Are you on any medications?		
What is your Occupation?		
What type of shoes do you wea	ar on a regular basis?	
What position do you sleep in?		
How many hours on average do	you sleep per night?	
How would you rate your curre How would you describe it?	nt stress level (low, moderate, high, or extremely high)	)?



What are your long-term health and movement goals?	
If applicable, Injury/Ailment Details Where exactly in your body do you have pain?	
How did injury occur?	
How long has it been going on?	
Has anyone in your family had similar issues?	
What is the intensity of pain level (1-10)?	
How constant is the pain?	
What makes the pain better?	
What makes the pain worse?	

How does the pain feel? What are its qualities? (Dull ache, sharp, sting, electric shock, throbbing, tingling, tightness, pins and needles, insects crawling, hot, cold, numb, sporadic, etc.)
How do you feel emotionally when it flares up? (Frustrated, sad, overwhelmed, angry, shut-down, disassociated from your body, tired, depressed, hopeless, curious, other)
What other treatment(s) have you participated in?
PLEASE READ THE FOLLOWING INFORMATION AND SIGN BELOW:
I understand that my sessions with Winter Pemberton are not to be taken as medical advice. I affirm that I am solely responsible for my health and well-being, as well as my decision to engage in a program of mindful movement and self-care. I consent to physical touch in the context of my sessions, and understand that Winter shall not be held liable for any injury, loss, or damage to property and/or person sustained during or as a result of participating in this and all sessions.
Signature:
Date:
*If under 18, parent/guardian name and signature:
First, Last:
Signature:
Date: