

## **Pain Free Directions Intake Form**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Current symptoms (Please include severity 1-10): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long have you had this symptom? \_\_\_\_\_

Occupation: \_\_\_\_\_

Do you have any health issues? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Surgeries or Injuries? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What position or movement, if any decreases your pain? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have trouble sleeping because of the pain? \_\_\_\_\_

What time of day do you have the most pain? \_\_\_\_\_

Do you feel better or worse with movement? \_\_\_\_\_

What kind of exercise or activities are you involved in? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you familiar with the Egoscue method? \_\_\_\_\_

What is your primary reason for joining this program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Short term goals: \_\_\_\_\_

**Long term goals:** \_\_\_\_\_

**Time that you are willing and able to put into a daily routine:** \_\_\_\_\_

**Any other things you'd like to share?** \_\_\_\_\_

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**These 3 agreements on your part will facilitate your healing:**

- 1 You will have to practice the prescribed exercises every day. You will have some control over the length of time that you can give to it. It's best if the exercises are done in the morning, but talk to your therapist about your situation.
- 2 You will need to return to have your posture re-evaluated and receive a new prescription (menu of exercises) every 2-3 weeks at the beginning of your therapy process. Usually, after 4 or 5 sessions, the time in between usually lengthens to 4 weeks. However, some conditions require more weekly sessions to get the process started. On rare occasions, a person's condition requires daily sessions during the first week of therapy to get the body situated and out of pain.
- 3 You must communicate with your therapist, both during your session (e.g., how does this particular exercise feel to you? or, where do you feel the work?) and between sessions (by phone or email). Open lines of communication are crucial to your healing, and the between-session communications are part of the package.

*I have read and I understand the agreements*

**signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_