

# embodygrace

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## General Personal and Contact Information

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address (include city, state, zip): \_\_\_\_\_

Primary phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred means of contact: phone | text | email \_\_\_\_\_

Emergency contact name and number: \_\_\_\_\_

## Other Info

Domestic status (Single, partnered, kids, caretaker... etc. Give as much detail as you think is relevant)

\_\_\_\_\_

Occupation: \_\_\_\_\_ Fulfilling? Satisfying? N.O.M.B? \_\_\_\_\_

Any other pertinent life details you'd like me to know? \_\_\_\_\_

\_\_\_\_\_

Are you currently under care of doctor, or taking medications? If so, for what condition(s)?

\_\_\_\_\_

Any past injuries, surgeries, similar major life events? If so, when? \_\_\_\_\_

Do you feel healed? \_\_\_\_\_

If applicable, are you pregnant or currently trying to become so? \_\_\_\_\_

How did you find me? (If a referral, may I thank them?) \_\_\_\_\_

# Your Intake Story

Here is where I can get begin to get a feel of where you are and your perception of it.  
Share only what you think is relevant, applicable, and what you're comfortable with.

## The Present:

What's your primary reason(s) for booking an appointment? \_\_\_\_\_

Is this an ongoing thing, or recently surfaced (and how long?) \_\_\_\_\_

Are there other approaches you've tried to address this? What has or hasn't worked to your satisfaction? \_\_\_\_\_

What thoughts/ideas/hunches do you have, if any, related to the source/root cause(s)?: \_\_\_\_\_

What's the biggest current thing going on in your life? (Could be a health issue, family, money, job, looking forward to something, dreading something, etc...anything preoccupying your mind) \_\_\_\_\_

## The Larger Context:

Do you have any prominent diagnoses/assessments/family stories, etc - related to the topic at hand, or anything else about your body that might seem relevant?

## Your Intended Future:

What are you hoping to experience as a result of your time with me? (Could be just for the session, or long-term)?

What do you think might help you to feel more of what you want?

What do you think might hinder you from feeling more of what you want?

*(Feel free to make more notes on the back, if needed...)*

# Additional Questions Regarding Stress

How do you typically respond when under stress? (No judgments here! :) Use these or add your own:

- |   |  |
|---|--|
| <input type="checkbox"/> Over/under-eating            | <input type="checkbox"/> Breath holding/tightening up/constipation   |
| <input type="checkbox"/> Drinking                     | <input type="checkbox"/> Disconnection/dissociation/disembodiment/numbing out (with or without substances) |
| <input type="checkbox"/> Anger/frustration/resentment | <input type="checkbox"/> Cleaning/busywork/Active avoidance  |
| <input type="checkbox"/> Depression/lethargy          | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Insomnia                     | _____  |
| <input type="checkbox"/> Anxiety/panic/worry          |  |

Do you notice anything happening in your body when under stress? I.e., heartburn, headaches, joint pain, neck/shoulder pain.... other?

Comments? \_\_\_\_\_  
\_\_\_\_\_

Do you refer to or try to practice healthy strategies when experiencing stress?

- |   |   |
|---|---|
| <input type="checkbox"/> Meditation/breathwork/prayer | <input type="checkbox"/> Sleep (as in, getting enough of...)    |
| <input type="checkbox"/> Movement (of ANY kind!)      | <input type="checkbox"/> Social support                         |
| <input type="checkbox"/> Change of scenery            | <input type="checkbox"/> Professional support (counseling, etc) |
| <input type="checkbox"/> Connecting with nature       | <input type="checkbox"/> Attention to diet                      |
| <input type="checkbox"/> Creative outlets             | <input type="checkbox"/> Getting bodywork                       |
|   | <input type="checkbox"/> Other _____                            |

What has or hasn't worked?

Comments? \_\_\_\_\_  
\_\_\_\_\_

# Health History

Check any of the following conditions that apply to you, past and present. Please add comments to clarify the condition.

## Musculo-Skeletal

- Headaches
- Joint stiffness/swelling
- Spasms/cramps
- Broken/fractured bones
- Strains/sprains
- Back, hip pain
- Shoulder, neck, arm, hand pain
- Leg, foot pain
- Chest, ribs, abdominal pain
- Problems walking
- Jaw pain/ TMJ
- Tendinitis
- Arthritis
- Osteoporosis
- Scoliosis
- Bone or joint disease
- Other \_\_\_\_\_

## Circulatory/Respiratory

- Dizziness
- Shortness of breath
- Fainting
- Cold hands/feet
- Cold sweats
- Swollen ankles
- Pressure sores
- Varicose veins
- Blood clots
- Stroke (When? \_\_\_\_\_)
- Heart condition
- Allergies
- Sinus problems
- Asthma
- High blood pressure
- Low blood pressure
- Lymphadema
- Other \_\_\_\_\_

## Skin

- Rashes
- Allergies
- Athlete's Foot
- Warts/moles
- Acnes
- Eczema
- Cosmetic surgery (details: \_\_\_\_\_)
- Other \_\_\_\_\_

## Digestive

- Nervous stomach
- Indigestion
- GERD/acid reflux
- Constipation
- Diarrhea
- Gas/bloating
- Diverticulitis
- IBS
- Crohn's Disease
- Colitis
- Food allergies/sensitivities
- Other \_\_\_\_\_

## Nervous System

- Numbness/tingling
- Facial twitching
- Fatigue
- Chronic pain
- Sleep issues
- Paralysis
- Herpes/shingles
- Cerebral palsy
- Epilepsy
- Chronic fatigue syndrome
- Multiple sclerosis
- Spinal cord injury
- Other \_\_\_\_\_

## Reproductive System

- Pregnancy
  - Current
  - Previous
- Issues? \_\_\_\_\_
- PMS
- Menopause/perimenopause
- Pelvic inflammatory disease
- Endometriosis
- Hysterectomy
- Fertility concerns
- Prostate problems
- Other \_\_\_\_\_

## Other

- Hearing impaired
- Vision impaired
- Diabetes
- Fibromyalgia
- Cancer
- Depression
- Drug use
- Alcohol use
- Nicotine use
- Caffeine use
- Anxiety (of concern)
- Diabetes
- Fibromyalgia
- Covid (in particular, any lingering symptoms? \_\_\_\_\_)
- Surgeries? (What and when? \_\_\_\_\_)
- Congenital or acquired disabilities \_\_\_\_\_

Any other comments regarding your health and well-being? \_\_\_\_\_

I have stated that all conditions I am aware of, and this information is true and accurate. I will inform my practitioner of any changes regarding my status.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_