

# **Egoscue Method® Client Intake Form**

**Date:**

**Client:**

**Client Evaluation by:**

## **Current Symptoms (Include L.O.D.S.) Level 1-10:**

1.

2.

3.

4.

**Occupation:**

**Do you have any health issues?**

**Are you currently on any pain or other medications?**

**What position, if any, increases your pain?**

**What position, if any, decreases your pain?**

**Do you have trouble sleeping due to 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?**

**Short-Term Goal(s):**

**Long-Term Goal(s):**

**Successes to date:**

**Time willing to invest in menu:**

**What time is best for your menu?**

**Type of Learner?**