



Intake Form

Client Name:

DOB:

Client Phone #:

Client Email:

Address:

Sex:

Race:

Marital Status:

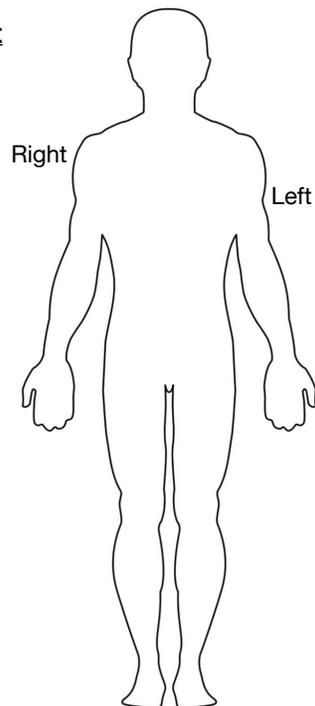
Education Level:

Employment Status:

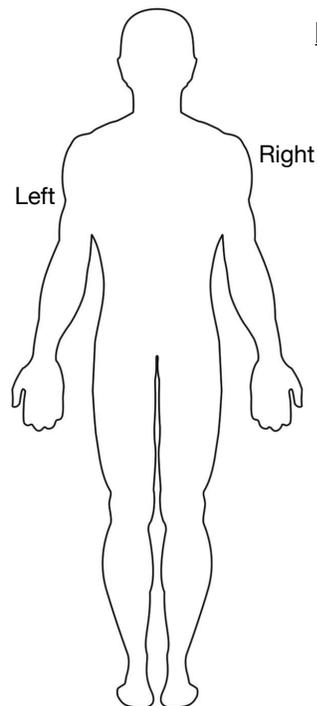
How did you find out about this provider? _____

Please mark each area where you experience aches, pain, or discomfort.

Front



Back



Physical History: Please check all diagnoses that apply:

Symptoms	Yes/No	Date of Onset	Duration	Mild/Moderate/ Severe
Tension headaches				
Migraine headaches				
IBS				
Abdominal pains				
Heartburn				
Acid reflux				
Fibromyalgia				
Back pain				
Neck pain				
Shoulder pain				
Repetitive strain injury				
Muscle tenderness				
Pelvic Pain				
Interstitial cystitis/spastic bladder				
Carpal tunnel syndrome				
Chronic tendonitis				
TMJ				
Facial pain				

Symptoms	Yes/No	Date of Onset	Duration	Mild/Moderate/ Severe
Chest pain				
Palpitations				
Hyperventilation				
Postural orthostatic tachycardia syndrome (POTS)				
Dizziness				
Tinnitus				
Fatigue/chronic fatigue syndrome				
Numbness/tingling sensations				
Complex regional pain syndrome (CRPS)				
Unexplained rashes				
Multiple chemical sensitivities				

Schubiner, H., & Betzold, M. (2019). *Unlearn your pain: A 28-day process to reprogram your brain*. Mind Body Publishing.



Symptoms

1. Did you suffer from an injury? If yes, when? Please describe. _____

2. Do you have any test results/MRI findings? _____
3. What do physicians say are the cause of your symptoms? _____

4. What do *you* think are the cause of your symptoms? _____

5. Did the pain begin during a stressful time/life event? _____
6. Please describe how the pain interferes with your daily functioning: _____

7. What makes the pain better/worse? _____

8. Are there any variations in the consistency of your symptoms (intensity, location, time of day, etc.)? _____



Evaluation of Support System

1. Who are the most important people in your life now? _____

2. Does anyone in your family have chronic pain/symptoms? If yes, please elaborate:

3. Does anyone in your family have mental health issues? If yes, please elaborate:

4. Were there any particularly stressful/traumatic events in your life? If so, please briefly describe:
 1. Deaths: _____
 2. Moves: _____
 3. Bullying: _____
 4. Emotional/physical/sexual abuse: _____
 5. Changes in family situations: _____
 6. Other: _____

TSK-11

Please complete the survey below.

Thank you!

	strongly disagree	disagree	agree	strongly agree
1) I'm afraid that I might injury myself if I exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) If I were to try to overcome it, my pain would increase	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) My body is telling me I have something dangerously wrong	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) People aren't taking my medical condition seriously enough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) My accident/injury/problem has put my body at risk for the rest of my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6) Pain always means I have injured my body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7) Simply being careful that I do not make any unnecessary movements is the safest thing I can do to prevent my pain from worsening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8) I wouldn't have this much pain if there weren't something potentially dangerous going on in my body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9) Pain lets me know when to stop exercising so that I don't injure myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10) I can't do all the things normal people do because it's too easy for me to get injured	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11) No one should have to exercise when he/she is in pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>