

Client Assessment



| | | |
|--------------|-------|-------------|
| Name: | | Date: |
| Phone: Home: | Work: | Cell: |
| Email: | | |
| Address: | | City: |
| State: | Zip: | Occupation: |

How did you find out about The Athlete's Edge? _____

Are you presently under any type of health care? _____

Name of Health Care Provider: _____ Address: _____

Have you been ill in the last 6 weeks? _____

1. Chief complaint: _____

2. Surgeries, injuries, accidents (include dates): _____

3. Pain — chronic, acute: _____
4. Muscles — soreness, tension: _____
5. Limitations to mobility: _____
6. Joints — stiffness, tenderness, swelling: _____
7. Do you have Scoliosis? _____
8. Circulatory — swelling of hands or feet, coldness, numbness, tingling: _____
9. Respiratory — sinusitis, hay fever, shortness of breath, smoker: _____
10. Digestion — do any foods upset you? _____
11. Dietary habits — alcohol consumption: _____
12. Bowel problems — constipation, diarrhea: _____
13. Bladder problems: _____
14. Endocrine problems — thyroid, hypoglycemia, diabetes: _____
15. Skin problems (current): _____

16. Vascular problems (current or history of) — varicose veins, phlebitis, blood clots, bruises: _____

17. Allergies — pollens, contact dermatitis, medications: _____

18. Height: _____ 19. Weight: _____ 20. Date of Birth: _____

21. Blood Pressure (e.g. 120/80): _____

22. Do you feel tired during the day? _____

23. Do you sleep well? _____

24. Exercise Program: _____

25. How well do you manage stress? Presently: _____ Usually: _____

26. Medications (prescription and over the counter): _____

27. Other health issues? _____

28. Anticipated outcome from ART or massage therapy? _____

I understand that the Athlete's Edge does not diagnose or treat illnesses. I take responsibility for seeking medical assistance (M.D.) when I feel it is indicated for my wellbeing.

Name: _____

Date: _____

Observations

Voice: _____

Gait: _____

Color: _____

Attitude: _____

Holding Patterns/Tension Areas: _____

Recommendations: _____

Treatment Note: _____

