

# Embody

Manual and  
Movement Therapy

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Mobile #: \_\_\_\_\_

**Privacy Statement:** The information given on this form and verbally to your therapist will be held private and confidential. Information may be shared among the other Embody therapists that you have seen to provide continuity of care.

How did you hear about us?

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**Therapists being seen today, Check all that apply:**

- Adrian Ward
- Andrew Brown
- Hai Nguyen
- Lauren Brown
- Lisa Ayers
- Rene' Yerby

**Therapists previously seen, Check all that apply:**

- Adrian Ward
- Andrew Brown
- Hai Nguyen
- Lauren Brown
- Lisa Ayers
- Rene' Yerby

**Responsibility Contract: Please read and initial each sentence.**

I understand it is my responsibility to fully inform my manual therapist of any health conditions and medications as they may affect the course of treatment. \_\_\_\_\_

I also understand it is important that I communicate with my therapist regarding pressure, room temperature, etc.  
\_\_\_\_\_

I agree to give 24 hours notice of appointment cancellation or send someone to fill the appointment. Except with illness or emergency, I will be expected to pay for missed appointments not cancelled 24 hours in advance. \_\_\_\_\_

**Your signature assures us that you understand everything stated on this form and have completed it to the best of your knowledge. Embody Birmingham, LLC is not liable for any injury resulting from or related to manual or movement therapy.**

Signature \_\_\_\_\_ Date \_\_\_\_\_



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

**Medical Information:**

Please list your reasons for Consultation/Treatment:

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What are your treatment goals? What benefits do you hope to gain from therapy?

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Please list any medical conditions (i.e. High Blood Pressure, Cancer, Diabetes):

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Please list any surgeries, traumas, injuries (including older injuries), or other medical assistance you have gotten before visiting your therapist today:

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Do you take Statins? ( ) Yes ( ) No

Please describe any other medications you are taking that you would like to disclose:

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Please list any environmental allergies:

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Please circle the areas where you experience pain:

Do you have any mobility restrictions? ( ) Yes ( ) No

If so, please describe: \_\_\_\_\_

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Do you exercise? ( ) Yes ( ) No

If so, what type and how much per week?

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How much time per week do you allot to recreation or relaxation? \_\_\_\_\_

Please list any self-care practices:

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