Brunswick NeuroMuscular Therapy

Name _____ Today's Date_____

Mailing Address_____

City _____

State, Zip_____

Home Phone_____

Cell Phone_____

email _____

May I send you a Self Care sheet 2-3 times a year? Yes_____ No_____

Occupation _____

Date of Birth _____

Major Pain _____

_____

When did pain start? _____

What brought on pain?_____

_____

What aggravates it?_____

What helps it? _____

Minor pains _____

_____

Have you ever been in an impact accident? When?_____

_____

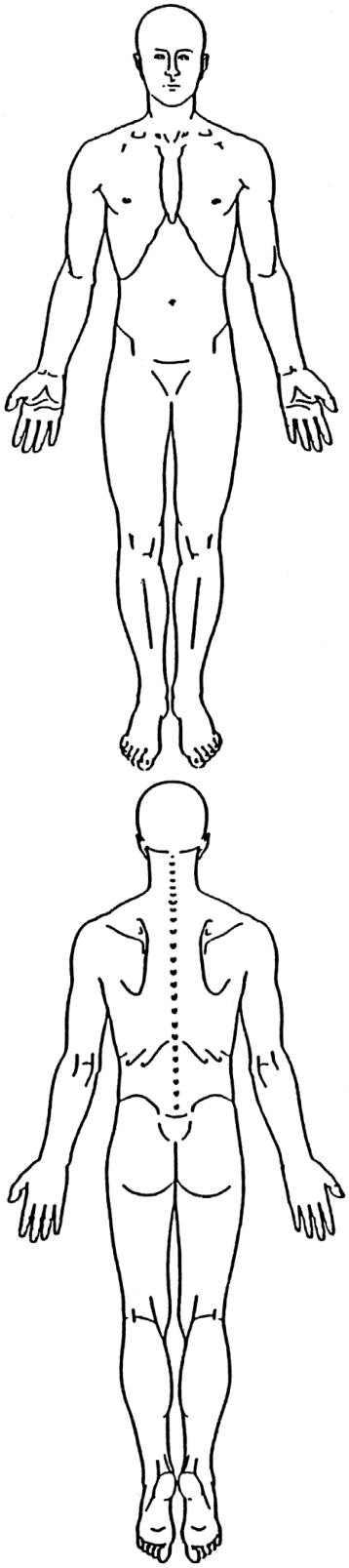
Had surgery? _____

Broken any bones?_____

Regular headaches? _____

Referred by?_____

Primary Physician _____



Mark on the drawings where you feel your tightness or pain.

Deb Merrill, BFA, LMT, CNMT
Licensed Massage Therapist
Certified NeuroMuscular Therapist
207-729-6498

153 Park Row, Suite 312
Brunswick, ME 04011
deb@happymuscles.com
www.happymuscles.com