Warriors Live On TREK Trauma Resilience and Empowerment Korps

Warriors Live On
From Combat to Community

Name:_____ Date:____/____/____

Add:_____ E-mail:_____

City:_____ State:_____ Zip:_____ Phone:_____

How did you hear about Warriors Live On? _____ (friend's name?) Bday: _____/_____/_____

times per week of exercise:_____ x/wk Type:_____ Where do you exercise? _____

Emergency Contact: _____ Phone: _____

Relationship: _____

Mark services of interest:

___ Yoga Therapy ___ Massage Therapy ___ Nutrition ___ Acupuncture/Herbs ___ Organic Intelligence / SE
___ Strength Training ___ Meditation ___ TREK/hike ___ Craniosacral ___ Other: _____

Branch of Service: _____ Dates of Service, from: _____ to _____

Last rank earned: _____ Married/Single Children, list ages: _____

Treatment by (VA), or other: _____

Education level: ___ did not finish high school ___ hi school diploma ___ college credits ____ AA degree ___ BA/BS ___ MA/MS

PLEASE CIRCLE the priority issues you want addressed:	**RATE level of importance to you:**		
	Mild	**Moderate**	**Significant**
Reduce Symptoms Back, neck, pain, surgery, sleep, weight, energy, PTSD, anxiety, depression	1	2	3
Reduce Prescription Medications Side effects, lack of effectiveness, energy, tension, anxiety, concentration	1	2	3
Improve Relationships Family of origin, husband/wife, children, friends, significant other	1	2	3
Enhance Sense of Well Being / Wholeness Purpose in life, community involvement, exercise, spiritual/emotional health	1	2	3
Enhance Education Vocational assistance, physical or emotional wellness, mentor guidance	1	2	3

I understand that bodywork should not be construed as a substitute for physical, mental and emotional examination, diagnosis or treatment and that I should see a medical physician, psychiatrist or qualified medical specialist for any mental or physical ailment that I am aware of. I understand that the therapist is not qualified to diagnose, prescribe, or treat any physical or mental disorder and that nothing said in the course of the session(s) given should be construed as such. It is within those boundaries the bodywork therapist can assist you with your overall health program and self-improvement needs. Client acknowledges understanding this questionnaire, and all information provided by patient is complete and accurate to the best of their knowledge.

Client Signature: _____

Date: ____/____/____

CIRCLE