Sara Sunstein, M.A., Registered Advanced Instructor
Ortho-Bionomy® Somatic Therapy www.sarasunstein.com
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Brief Confidential Medical History and Agreement Date _____

Name_____ Phone: Home _____

Mailing Address _____ Work _____

City _____ Zip _____ Cell _____

E-mail _____

Date of Birth _____ Present Age _____ Referred by _____

Emergency contact: Name/relationship _____

Phone_____

1. What is your major reason for coming to see Sara today?

2. Relevant history about this condition?
   When did this condition/concern begin?
   Any causes you're aware of?
   What aggravates this condition?
   What makes it better?
   Do you have a medical diagnosis for it?

3. Have you addressed this concern before? If so, how? And with what results?

4. Do you have other concerns for Sara to address?

5. Diet in general: Mark 0, x, xx, xxx to describe quantity

___vegetables	___red meat	___coffee/black tea	___nuts/seeds
___fruits	___fish	___sugar/sweets	___nutritional supplements
___grains	___poultry	___juice	
___beans/legumes	___dairy	___sodas	

6. Drugs: Prescription drugs currently taking_____

   Use of tobacco, recreational drugs, alcohol in the past_____

   Current use_____

_7. What position do you usually sleep in?

8. What exercise, recreation, relaxation, meditation, hobbies do you regularly do?

9. Work: Your occupation, i.e, what's your body doing during the day? About how many hours/week?

10. For the following conditions, please mark all that apply: you've had **P** in the past, **C** currently, **F** a family member has/had

___allergies	___headaches	___heart/blood pressure	
___respiratory problems	___anxiety/depression	___stroke	___joint pain
___digestive	___chronic fatigue, pain	___cancer	___nerve pain
___liver/gall bladder	___alcohol/drug abuse	___immune dysfunction	___scoliosis/structural
___gynecological	___eating disorders	___thyroid	
___prostate	___diabetes	___sleep problems	

Comments on any of the above:

11. List any **surgeries** or **major illnesses** including dates and present condition.

12. Have you been in any **car accidents or had other impact injuries**? **immense natural disasters or other traumas/violence?** If so, briefly describe, including date, injuries, care received, present condition.

13. Do you have any other medical condition or physical limitation that Sara needs to be aware of to give you the best care possible?