

IPT In-take Form

Your practitioner has been extensively trained in the therapeutic applications of **The Albert Protocol for Muscle Pain Relief - An Integrated Approach to Positional Release Therapy**. This gentle, yet effective form of bodywork-therapy has been successfully used to address a wide range of chronic and acute neuromuscular conditions.

We hope this clinic experience is a positive one and you achieve relief from any neuromuscular pain or discomfort you may be experiencing. Enjoy your session.

Name: _____ Date: _____
Address: _____ Email: _____
City/State/Zip: _____ Date of Birth: _____
Phone: _____ Occupation: _____

Have you received professional bodywork before? _____ What frequency? _____ Date of last session _____

What would you like to get out of your Integrated Positional Therapy session?

Primary Complaint:

Secondary Complaint:

How long have you experienced these symptoms and how would you rate the pain on a scale of 1-10?

Primary _____ **Rating** _____

Secondary _____ **Rating** _____

Please circle all areas that are sensitive to touch:

Back Legs Feet Buttocks Arms Hands Abdomen Upper chest Neck Head Face

Are you pregnant? (please circle one) Yes No

If you are currently being treated by a physician for any specific conditions, please describe the condition(s) and the treatment(s) you are currently receiving.

Please list any pertinent history of surgeries, major illnesses, chronic conditions, accidents, injuries and their respective dates of occurrence:

Frequent Body Positions, Movements, or Activities that Increase Pain: (Circle all that apply)

Sitting	Computer use	Squatting
Rising from chair	Driving	Standing
Kneeling	Turning head	Pushing
Bending over	Sleeping	Grabbing
Walking	Exercise	Squeezing
Running	Lifting	
Walking up/down stairs	Reaching overhead	

Please describe your daily activities - i.e, at work, at home, and recreational activities/sports/hobbies

What is your fluid intake?

of cups/day

Water _____ Coffee _____ Tea _____ Alcohol _____ Soda _____ Other _____

How frequently do you exercise?

Do you practice yoga? _____ Do you practice Pilates? _____ Do you strength train? _____

Informed Consent: Please take a moment to carefully read the following and sign where indicated:

I understand that IPT practitioners do not diagnose, prescribe or perform spinal manipulations.
Some soreness after a session may be experienced.

The above information is accurate to the best of my knowledge and I freely give my permission to receive a bodywork session. I understand that the personal information provided in this in-take form is non-HIPPA compliant and will be used solely for the purpose of this session. Although the Albert Protocol for Muscle Pain Relief is a very gentle, non-invasive bodywork modality, I agree that I will inform the practitioner of any experience of pain or discomfort during the session. In addition, and most importantly, I fully understand that this session in no way substitutes for a proper medical examination, diagnosis, or treatment OF ANY KIND, for any specific condition(s) I may be experiencing. I agree to protect and hold harmless the practitioner from and against any and all claims that may, or may not, result from my bodywork session.

Signature

Date