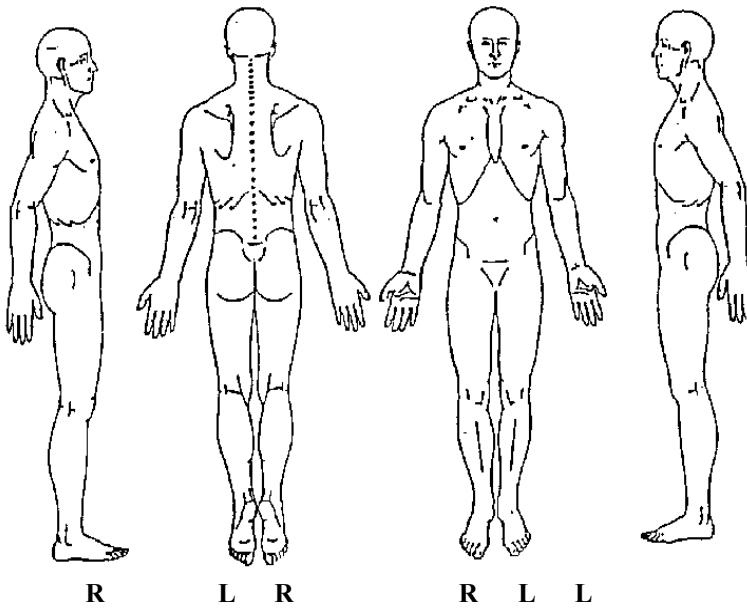


Please list all accidents, injuries, surgeries and falls that you can remember.

LOCATION OF PAIN: v

INDICATE WITH X ON ANATOMICAL DRAWING AT THE SITE OF PAIN AND RATE THE SEVERITY OF PAIN – ON A SCALE OF 1 – 10. (CAN BE STATED A RANGE)



Neck ROM: L R TMJ: Shoulder ROM: L R

Pain Intensity Scale - Pain is described as:

- (4) Discomforting (troublesome, numbing)
- (8) Intense (cramping, dreadful, horrible)

- (2) Mild Pain (annoying, nagging)
- (6) Distressing (miserable, agonizing, gnawing)
- (10) Excruciating (tearing, crushing, unbearable)

List current medications _____

List current therapies _____

How did you hear about the NST _____

I have read the above information and have stated all my known medical conditions. I understand that the therapy given here is for the purpose of stress reduction, relief from muscular tension or spasm, for facilitation circulation, energy flow or relief from stiff joints. I understand that I will be touched during a NST session. I understand that the therapist does not diagnose illness, disease, or any other physical or mental disorder. I take it upon myself to update my therapist regarding any changes in my condition.

Signature _____ Date _____

Therapist Signature _____ Date _____