Clinical Somatic Education Intake & Assessment Form

Student Name:	Session Date:	Time:
Instructor:	Location:	Student Birth Date:
Referred By:	Handedness: R L A	Height:

Profession/Regular activities:

Types of pain and tension (include duration of each symptom and rate 0-10):

Medical history (Diagnosed conditions, Injuries, Surgeries, Major Illnesses, Medications):

Observations of posture and movement:

Exercises taught in session:	Student homework:	Notes, Future plans: