GARY COLLINS Hands On Healing

Relieving Pain, Easing Dysfunction
CranioSacral, Jones Counterstrain technique
GARY COLLINS II, *MSPT, LMT*

Primary Complaint and Medical History

Client Name (Last, First, MI):	**Medical Record (Office Use Only):**
Primary Complaints:	
History behind that issue:	
What has been done so far about that issue?	
How effective have those efforts been?	
How is your pain at its worst? (Rate 1-10, 10 being the most painful)	
Where in your body is your pain? (Please be as specific as possible)	
What activities/positions worsen it?	
Are you taking any medications for pain? If so, please list them below:	
How effective are these meds?	

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...to connect, to serve, to nurture along the Way.

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Other medical history (please list below with approximate date):
Surgical history (please list below with approximate date):
How is your balance?
Have you had any falls? (Y / N)
If yes, how many in the past month?
If yes, how many in the past year?
Do you get dizzy? (Y / N)
If you do get dizzy, when?
How is the quality of your sleep?
What position(s) do you usually sleep in?