EMBODY HEALING ARTS
Medical & Wellness Massage

Clinically Effective Bodywork Grounded in Experienced, Holistic Understanding
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Work-related Injury Information

Name:_____ Date of Onset: _____

Please describe, to the best of your knowledge, what happened during this accident:

_____

_____

_____

Did pain begin: ____Suddenly after trauma or ____ Gradually after trauma

Are symptoms worse at a certain point of the day?_____

_____

How long have these pain complaints/symptoms been present?
___ Less than one week ___ Less than six weeks ___ More than six weeks
___ More than three months ___ More than one year

The pain is: ___Constant ___Comes & goes and lasts for: minutes/hours/days (Circle one)

What activities make your symptoms worse?_____

_____

_____

What activities make your symptoms better?_____

_____

_____

What physical duties are required for your job?_____

_____

_____

List all adjunctive therapies received for this injury:_____

_____

_____

(Please continue to next page)

On the pictures below, use the indicated marks to show areas where you experience:

0 Pain	**N** Numbness	**Z** Tingling	**S** Spasm	**//** Tension
A Ache	**W** Weakness	**T** Throbbing	**X** Burning