SUPPLEMENTAL INFORMATION – SYMPTOM SPECIFIC

If you have been asked to complete this form, you likely have a significant and/or long-standing illness or injury. This form is not a general medical form in which you really only need to document minimal information. I really want to know as much as you know about your specific situation. Take your time in this process. Please type in the document, print it, and bring it to your next appointment. You can fill it out manually but you may need to give yourself more space between the questions (please write legibly). We'll go over this together and I'll gather more information from you at that time.

What are your specific symptoms? Please describe sensations in detail (pain, numbness, etc). Do you notice patterns in symptom changes? (time of day, level of stress, noise, food, work, activity, etc)

What effect do the symptoms have on your life? Do they limit your activity? Your capacity to experience joy? Your sexuality? How you think of yourself/self-esteem? Your engagement with others? How much time you spend alone? Types of activities you engage in? Etc…

When did you first notice your symptoms?

How have your symptoms changed over time?

In the year preceding the first onset of symptoms, what was going on in your life? Were there any notable changes or stressors? (moves, relationship changes, loss, accidents, trauma, etc.)

What is your relationship to your body? If your symptom is specific to a place in your body, what is your relationship to that part of your body? (E.g. hate it, love it, resent it, feel that it betrays you, feel separate from your body, etc)

In order to provide quality care, clients who are seeing me for chronic illness and/or injury are required to provide their medical records. I will be asking you to sign a release of information so that I may speak with your doctor should that be necessary. I will also ask you to provide me with your medical records. To do that, ***you will either need to retrieve the medical records from your doctor, or you can sign a release of information with them, and they can send them to me directly.*** *If you have not seen a physician, I may require you to do so, depending upon your physical symptoms.*

Do you have medical insurance? ☐ Yes ☐ No ☐ Limited ☐ Emergency Only

When was the last time you had a full physical evaluation?

Have you been diagnosed with any condition? / What have doctors told you about your condition and/or symptoms?

What other care have you tried to help your symptoms (diet, exercise, supplements, aromatherapy, bach flower, etc) and what were the results?

To your knowledge, were you a full-term birth?

Cesarean or vaginal delivery?

What was your mother's emotional state while you were in utero? (happy/sad, drug/alcohol use, etc).

To your knowledge, did you meet all developmental milestones on time? (e.g. walk, talk, toileting, etc)

I certify that the responses are correct to the best of my knowledge. I agree to inform Sabrina Santa Clara should my physical or mental condition change. I agree to obtain medical records for any medical treatment and alternative care while I am concurrently receiving treatment with Sabrina.

_____ _____

Client Signature Date