

# Client Information

CONFIDENTIAL

ERIC COOPER, CSE  
INSPIRE SOMATICS

734-436-1041 voice/text  
eric@inspiresomatics.com  
InSpireSomatics.com

Please enter P (for private) anywhere, if you'd rather not say

Name \_\_\_\_\_ Date \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current age \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Retired, what did you do: \_\_\_\_\_ Area of Expertise: \_\_\_\_\_  
Your Occupation: \_\_\_\_\_ Hours per week: \_\_\_\_\_ Subject you know well: \_\_\_\_\_

In case of Emergency: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

How did you find me? If referral who? So I can thank them \_\_\_\_\_

What words resonated with you enough that you decided to come for a session? \_\_\_\_\_

Are you open to making a change?  Yes  No  Maybe  I'm not sure what this means As we shed these stress and injury tensions we become who we really are.

What/Where is your ache/soreness/pain? \_\_\_\_\_

How long have you had it? \_\_\_\_\_ recurring? occasional? persistent? relentless?

Perceived cause of initial onset? / Yrs ago? \_\_\_\_\_

Worse  in the morning?  end of the day?  at night? Does the discomfort keep you awake at night?  Y  N

What positions/activities make it worse? \_\_\_\_\_

What positions/activities make it better? \_\_\_\_\_

In the last week, circle pain levels you've felt 1 2 3 4 5\* 6 7 8 9 10 (5 is where you can't stay relaxed in your breathing you begin to tighten against the pain)  
least worst

What do you do a lot? (Play musical instrument, sports, repetitive motion including work?) \_\_\_\_\_

Are you often  Stationary?  Seated?  Standing?

Comfort with touch: (I really don't like being touched) 1 2 3 4 5 6 7 8 9 10 (No Problem) Sessions can done with minimal touch.

What is a goal for your sessions? What would you like to improve/change? \_\_\_\_\_

If you felt great, what would you be doing? \_\_\_\_\_

What is your mission in life? (Optional, but informative) \_\_\_\_\_

I have **stated my known medical conditions**. I will update Eric Cooper regarding any changes in my medical profile.

I understand the services provided are **not a substitute for medical diagnosis or medical treatment**. I understand that Eric Cooper makes assessments and does not diagnose, and that nothing said in the course of the session should be construed as such.

I understand that Somatics is not psychotherapy or counseling and that professional referrals will be given if needed.

**I will immediately inform Eric if I am experiencing pain or discomfort during a session. It is very important that the session be done pain free.** I realize good feedback helps this be more effective.

I understand that **residual soreness**, lasting a few days, may occur. I understand that progress is sometimes slow and it usually **takes a series of sessions** to change an ingrained, deeply patterned painful situation. Often a session that seems to not change the situation will make it possible for the following session to bring very significant change, an epiphany.

I understand that there are some problems Eric Cooper and Clinical Somatics can not solve or alleviate. I understand that my participation in the process is what creates real and lasting improvement. It takes repetition to change a pattern. A lazy, low-effort, daily routine can change well rehearsed tension patterns/habits. This is about becoming self-sufficient in reclaiming freedom and ease in my body.

**I will try to answer the next-day "Eric is checking-in" email** (even briefly). I understand that my feedback helps him to help me.

Client Signature \_\_\_\_\_ Date: \_\_\_\_\_

# Medical Status and History

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Name \_\_\_\_\_ Date \_\_\_\_\_

Ever been hospitalized? \_\_\_\_\_ For what? / Yrs ago? \_\_\_\_\_

Your worst traumatic (physical trauma) accidents / Yrs ago? (Note L or R side):

1) \_\_\_\_\_

2) \_\_\_\_\_

Injuries, Falls, Vehicle Accidents, (even way, way back), / Yrs ago?: \_\_\_\_\_

Have you ever sprained your ankle?  Left  Right  Severe  Moderate Years ago: \_\_\_\_\_

Women: Childbirth?  Yes, How many? \_\_\_\_\_  No  C-section

## Do you have, or have you had?

- Surgery explain below or on back of page (Note L or R side)
- Cardiac or circulatory problems, taking statins? y/n
- High blood pressure/ taking related medication? y/n
- Blood clotting issues easily bruising, on blood thinners
- Osteoporosis or other Bone and Joint issues L R Both?
- Breathing issues, Snoring, Sleep Apnea, CPAP machine
- Diabetes, Pre-Diabetes
- Cancer, have had cancer
- Injuries in the past two years
- Broken bones \_\_\_\_\_ (L or R side?)
- Shoulder dislocation L R, shoulder separation
- major Scars \_\_\_\_\_ (L or R side?)
- Skin Rash, Undiagnosed bumps/lumps
- Numbness, stabbing pains, neuropathy
- Jaw issues, TMJ dysfunction, Jaw clicking or locking L R Both? Tinnitus
- Extensive dental work, prolonged duration
- Neurological, or psychological conditions
- Emotional trauma, even if it was long ago
- Has stress been effecting you adversely?
- Often fatigued?
- Headaches? occasional? persistent? recurring?
- Ticklish? Sensitive to touch/pressure in any area?

What are you currently doing about your pain? \_\_\_\_\_

\_\_\_\_\_

Most recent thorough doctor visit How long ago? \_\_\_\_\_

Other medical conditions, surgery, injuries: (L or R side?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications What are the meds treating:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Previous diagnoses? What other people told you

Note any that you're not certain of, are dubious, or you don't understand.

- Arthritis, Osteo or Rheumatoid
- Tendonitis (inflamed), Tendinosis (degenerative)
- Vertebral Disc issues, bulging/herniated?, ruptured?
- Ehlers-Danlos Syndrome / Hyper-flexibility
- Scoliosis, Alignment issues
- Vertebral problems, Stenosis, Ankylosing Spondylitis
- Other joint issues, Arthritis osteo? rheumatoid?
- Nerve Impingement, Pinched nerve
- Sacrum issues SI Joint Dysfunction
- Hyper-kyphosis, and/or Hyper-lordosis
- Thoracic Outlet Syndrome
- Frozen Shoulder L R Both
- Frozen Hip L R Both
- Whiplash
- Fibromyalgia / any Chronic Pain Syndrome
- Chronic Fatigue Syndrome
- Multiple Sclerosis
- Bunions, or other Foot issues L R Both
- Prescribed Orthotics, Do you wear them? y/n

Other diagnoses you have received: \_\_\_\_\_

Do you practice strengthening?

Do you often do stretching?

What areas need a lot of stretching? \_\_\_\_\_

What leads you to this practice? \_\_\_\_\_

## Who have you seen for this problem?

	# of	Made the problem (Please circle one)		
physician/MD	_____ visits	resolved	better	same worse
physical therapy	_____ visits	resolved	better	same worse
orthopedic medical specialist/MD	_____ visits	resolved	better	same worse
osteopath	_____ visits	resolved	better	same worse
chiropractor	_____ visits	resolved	better	same worse
acupuncture	_____ visits	resolved	better	same worse
psychotherapist	_____ visits	resolved	better	same worse
massage therapist	_____ visits	resolved	better	same worse
cold laser	_____ visits	resolved	better	same worse
yoga	_____ visits	resolved	better	same worse
Somatics/movement practice	_____ visits	resolved	better	same worse
holistic/herbal/energy practitioner	_____ visits	resolved	better	same worse
other: _____	_____ visits	resolved	better	same worse

# Stress Reflex Self-Assessment Name \_\_\_\_\_ Date \_\_\_\_\_

**Do you feel:** "old" \_\_\_\_\_ fatigued \_\_\_\_\_ klutzy \_\_\_\_\_ under pressure \_\_\_\_\_  
 \_\_\_\_\_ free in my body \_\_\_\_\_ supple \_\_\_\_\_ energetic \_\_\_\_\_ flexible \_\_\_\_\_ balanced \_\_\_\_\_

**Are you athletic?** \_\_\_\_\_ **Have you ever been?** \_\_\_\_\_  
**How do you think of your body?** \_\_\_\_\_  
**Has life been hard on your body?** \_\_\_\_\_

Please check all that you've experienced (in a general way) in the last few weeks

## Which apply to you?

### Green-Light Reflex Contraction

- \_\_\_\_\_ I'm a busy, get-it-done type of person
- \_\_\_\_\_ I usually give it 100%, it's hard not to
- \_\_\_\_\_ My voice is often and easily loud
- \_\_\_\_\_ I am brusque, abrupt, curt, vehement? **occasional? often?** (circle one)
- \_\_\_\_\_ I like to walk fast
- \_\_\_\_\_ If I was pushed, I'd more easily fall backwards
- \_\_\_\_\_ I have difficulty falling asleep, staying asleep (circle one)
- \_\_\_\_\_ Snoring occasional/often
- \_\_\_\_\_ I enjoy sleeping with abdomen flat against the bed
- \_\_\_\_\_ My back is tight
- \_\_\_\_\_ Low back pain
- \_\_\_\_\_ My back feels weak
- \_\_\_\_\_ Back spasm how often? \_\_\_\_\_ recently?
- \_\_\_\_\_ Protruding belly, even just a little? Holding it in?
- \_\_\_\_\_ Feet tend to turn outward (as opposed to pigeon toes)
- \_\_\_\_\_ Jaw pain, closes/clenches at hind teeth, bite splint
- \_\_\_\_\_ Tension headaches, Migraines, how often? \_\_\_\_\_
- \_\_\_\_\_ Sciatica, sciatic pain, **occasional? often?** (circle one) L R
- \_\_\_\_\_ Quadriceps/front of thigh pain/tightness
- \_\_\_\_\_ Bow-legged Outer and/or back of knee pain
- \_\_\_\_\_ Hamstring tightness
- \_\_\_\_\_ Calf pain/calf tightness, generally symmetrical
- \_\_\_\_\_ Pain in the front of foot/toes/ball of foot
- \_\_\_\_\_ Stand on the front and/or outer side of my feet

### The Injury Reflex Contraction

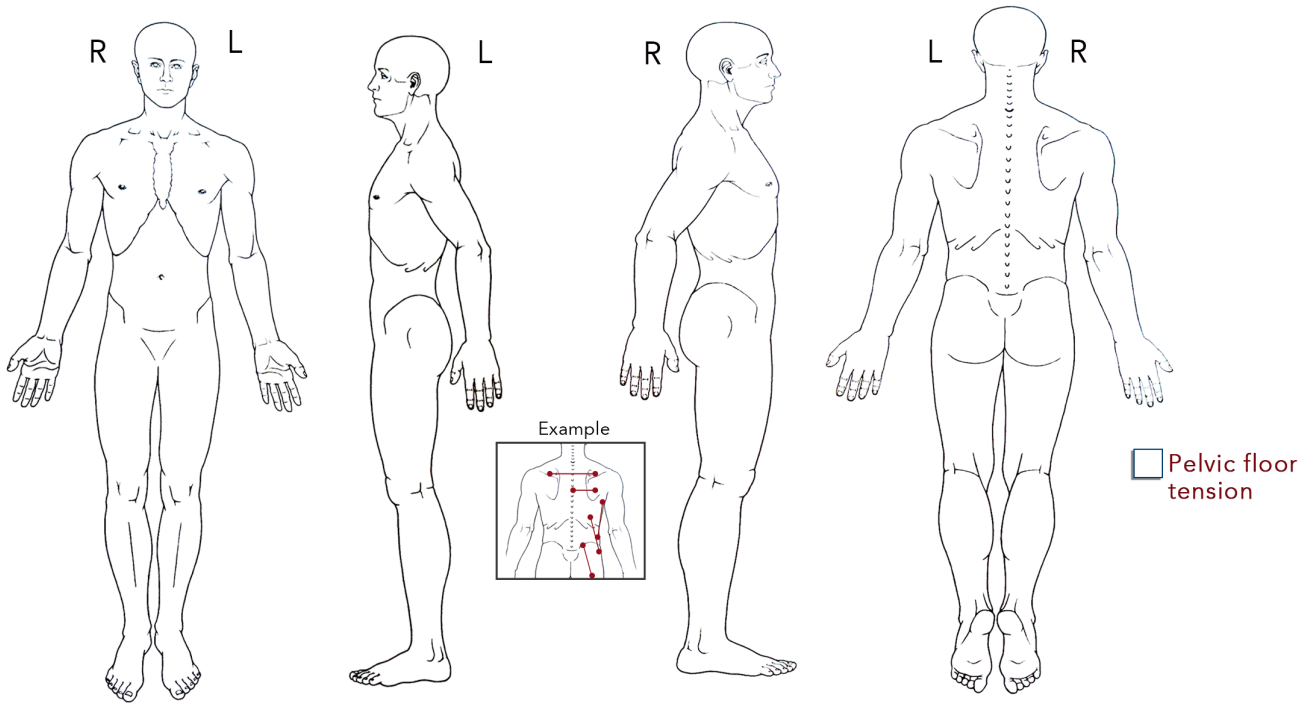
- \_\_\_\_\_ Had an injury bad enough that I was bruised and achy for two weeks or more
- \_\_\_\_\_ So many injuries, I can't remember them all
- \_\_\_\_\_ An injury that is not getting better
- \_\_\_\_\_ Hospitalized for injury or surgery
- \_\_\_\_\_ Emergency room visit for injury
- \_\_\_\_\_ Needed crutches or a cane
- \_\_\_\_\_ Needed a brace or a cast of some sort (ankle, knee, wrist, elbow, neck or \_\_\_\_\_)
- \_\_\_\_\_ Sleep on one side much more than the other L R
- \_\_\_\_\_ Pain/ache is strongly asymmetrical
- \_\_\_\_\_ My sides are very different
- \_\_\_\_\_ Neck pain/stiffness one sided, or in rotation
- \_\_\_\_\_ One shoulder is messed up/fussy/limited L R
- \_\_\_\_\_ When standing I often put my weight on one leg L R
- \_\_\_\_\_ A scoliosis, and/or I feel like I am off to the side
- \_\_\_\_\_ My body feels twisted L R shoulder forward
- \_\_\_\_\_ Pain in one leg/knee/foot and not the other L R
- \_\_\_\_\_ Uneven gait, one leg feels does a lot less work, especially in running and walking L R
- \_\_\_\_\_ Sciatic pain, burning down side or back of leg L R
- \_\_\_\_\_ Hip pain on one side L R
- \_\_\_\_\_ Groin pain on only one side L R
- \_\_\_\_\_ Calf pain on only one side L R
- \_\_\_\_\_ Very uneven wear on shoes

### The Red-Light Reflex Contraction

- \_\_\_\_\_ Anxiety, apprehension/grief/loss
- \_\_\_\_\_ I am skilled worrier
- \_\_\_\_\_ The sinking feeling of disappointment is familiar
- \_\_\_\_\_ Negative thought patterns
- \_\_\_\_\_ There are days I don't feel like doing anything
- \_\_\_\_\_ Had depression in the last year
- \_\_\_\_\_ If I was pushed, I'd more easily fall forward
- \_\_\_\_\_ I prefer to walk slowly
- \_\_\_\_\_ I avoid sleeping with abdomen flat against the bed
- \_\_\_\_\_ Voice is often quiet, and speaking loudly is difficult
- \_\_\_\_\_ Hunched posture, head forward posture
- \_\_\_\_\_ Rounded shoulders, Forward shoulders
- \_\_\_\_\_ Horizontally furrowed brow, crow's feet wrinkles at eyes
- \_\_\_\_\_ Achy at base of the back of skull
- \_\_\_\_\_ Back of neck pain
- \_\_\_\_\_ Jaw clenches more at front teeth, achy temples
- \_\_\_\_\_ Shallow or constricted breathing, difficulty breathing
- \_\_\_\_\_ Tight abs, often find your front tight or hard
- \_\_\_\_\_ Digestive issues, Sluggish digestion, abdominal issues
- \_\_\_\_\_ Frequent urination
- \_\_\_\_\_ Inner and/or front of knee pain, or knock-kneed
- \_\_\_\_\_ Ankles roll inward (often called pronation)
- \_\_\_\_\_ Feet turned inward, pigeon-toed
- \_\_\_\_\_ Any extensive time riding a bicycle, touring? racing?
- \_\_\_\_\_ Lots of looking at computer screen or smart phone

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Where do you sense the tightness? Where are you stiff?  
Where do you not move well?**



If you have a lot of fatigue, please note where it seems to be.

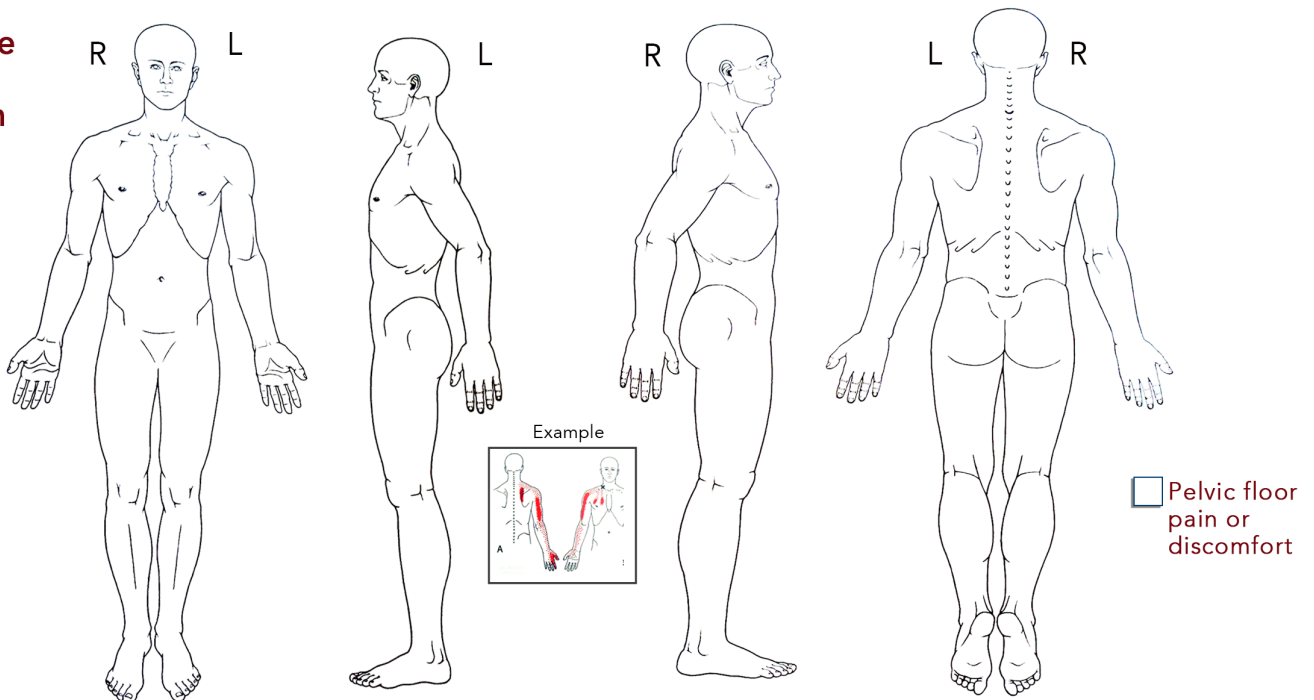
**Shade in areas of pain or discomfort in the last week.**

Show as much detail as possible

Shade where you have experienced headaches, if any.

Note places that cramp, have burning-like pain, have tingling or numbness.

**Note the primary problem area.**



For extra credit: please note areas of severe injury or surgery /#of years ago.