

# Client Information

CONFIDENTIAL

ERIC COOPER, CSE  
INSPIRE SOMATICS

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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  
least worst \* (5 is where you can't stay relaxed in your breathing you begin to tighten against the pain)

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 \_\_\_\_\_

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Do you feel: \_\_\_ "old" If so, at what age did this start? \_\_\_  
How many years ago? \_\_\_ \_\_\_ fatigued \_\_\_ stiff \_\_\_ 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

- Get out of my way
- I boldly go forward
- I get a lot done
- I'm Ready!
- I'm often under-pressure
- I get stuck in indecision
- I need a break
- I'm Cautious
- I'd rather stay in bed
- It seems hopeless

## 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 the appropriate) (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 toed)
- \_\_\_ 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

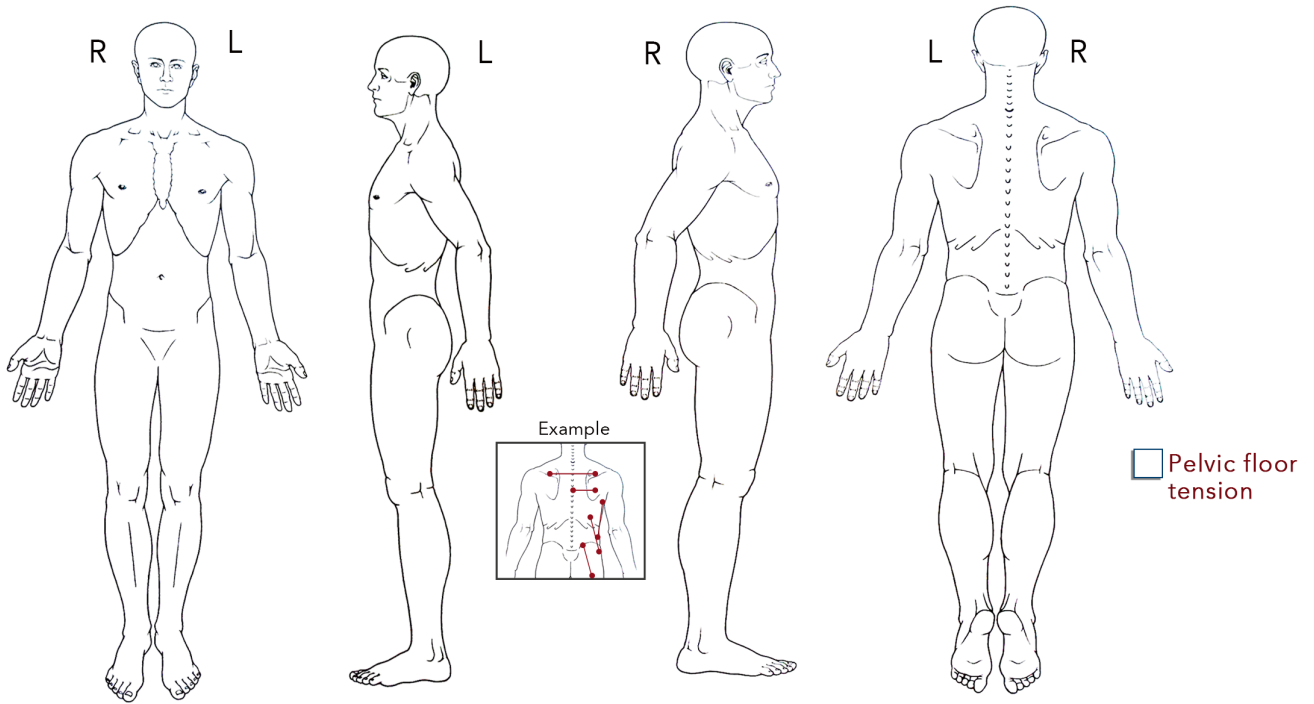
- \_\_\_ Had an injury bad enough that I was bruised and achy for two weeks or more
- \_\_\_ So many injuries, I can't remember them all
- \_\_\_ An injury that is not getting better
- \_\_\_ Hospitalized for injury or surgery
- \_\_\_ Emergency room visit for injury
- \_\_\_ Needed crutches or a cane
- \_\_\_ 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.

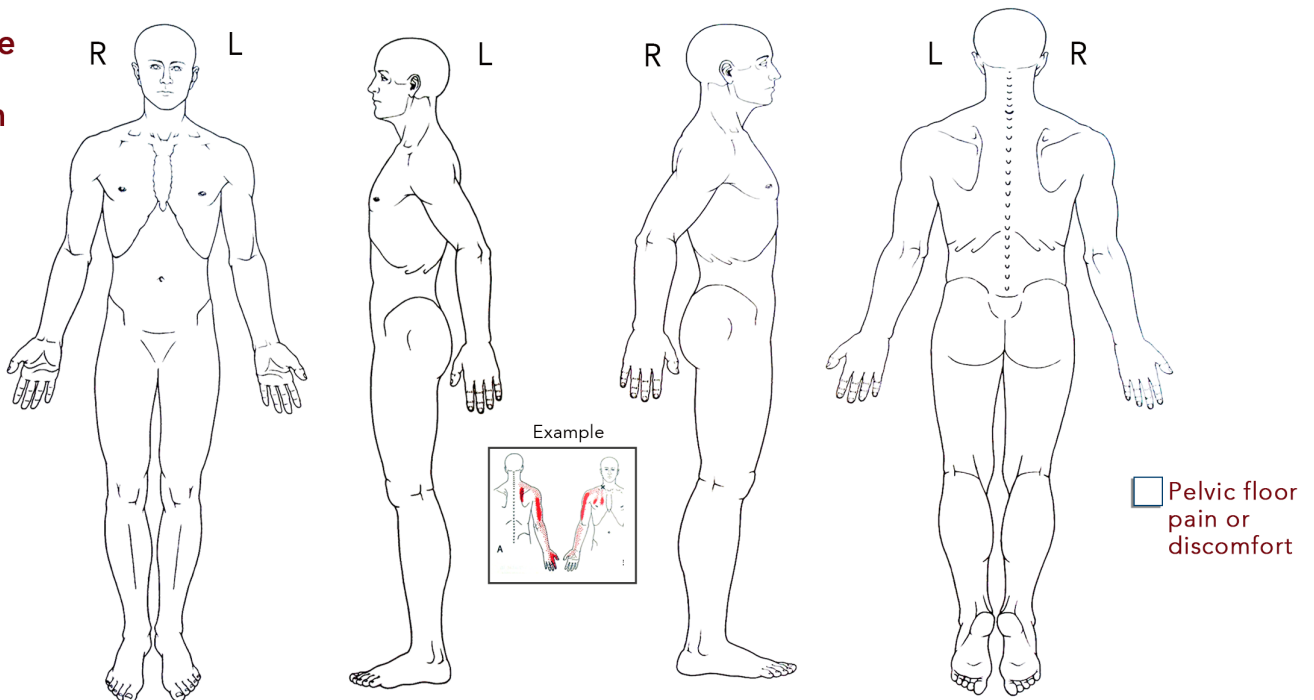
**Shade in areas of pain or discomfort in the last week.**

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.