CLIENT APPLICATION

Name:		Birth Date:
Address:		
City:	State:	Zip:
Phone:		
Email:		
Emergency Contact:		Phone:

Referred By:	Role: (e.g., surgeon, physical therapy, occupational therapy, etc.)
Phone:	Email:

Treatment Information Date of Surgery:	Date Occupational/Physical Therapy (OT/PT) Began:	Frequency of OT/PT:
Medications (list those pertinent to elbow issue):		
Complications (related to surgery or elbow healing):		
Other Treatments Received (e.g., acupuncture, dry needling, cognitive behavioral therapy, massage, etc.):		

Are there any other treatment/care providers that you would like me to know about and/or communicate with? If so, please indicate below.

Tell me about you. How would you describe your elbow right now? The facts and feelings:

What are you currently doing to heal your elbow? (If you are currently involved in other therapeutic activities, please indicate what these are.)

What's the number ONE outcome you'd like to see from working with Elizabeth?

What are your thoughts about what's preventing your elbow from healing?

If you could wave a magic wand and change three things about your elbow, what would they be?

What is your long-term vision for your arm and your health?

Is there something else that I have not asked that you would like to share?

Thank you so much for taking the time to share this information with me! I look forward to working with you to reach your goals. 😄

To submit your client application please either email your document to support@elizabethscala.com
or submit it online at: https://elizabethscala.com/client-application-submission/