

Name _____

Date _____

Take The TEST

Many of Myofascial Release typical patients have tried traditional therapy with little or no relief. Our typical patient has had surgery and/or has tried different pain medications or injections, or has visited a chiropractor or acupuncturist with little results. In addition, many of our patients and their insurance companies have spent thousands of dollars with little success. No one should have to live with pain. Myofascial Release offers a non-invasive, medication-free option to resolve symptoms.

Simply answer the following questions

Have you been told that you have to "live with the pain", or that the "pain is all in your head?" **YES NO**

Do you feel exhausted or run down much of the time? **YES NO**

Have you had to alter your lifestyle because of your pain? Examples: are you unable to see friends, socialize, entertain, care for your children, work, or exercise? **YES NO**

If you answered "YES" to any of those questions or if these scenarios sound all too familiar, then you are a typical patient that we see and successfully treat with Myofascial Release.

If you would like to be contacted by a MFR therapist, or have a specific question about your condition, please complete the following questionnaire.

PLEASE circle all actions that are difficult:

Sitting	Writing	Standing	Bending
Sleeping	Climbing Stairs	Driving	Walking
Lifting	Bending	Reaching	Computer Work
Household chores			

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PLEASE circle the conditions that you suffer from or have been told that you have:

Fibromyalgia	Chronic Pain	Incontinence	Back Pain
Neck Pain	Pelvic Pain	Arthritis	Sciatica
Scoliosis	Headaches	Migraines	TMJ (jaw pain)
Menstrual Problems	Neuropath	Painful scars	Ringing in Ears
Chronic Fatigue Syndrome		Carpal Tunnel Syndrome (wrist pain)	

OTHER _____

PLEASE Indicate the approximate length of time that you have been suffering with your condition(s):

6 mos. 1 year 5 years 10 years 20 + years

*You can receive a free consultation on the phone prior to the evaluation. If you choose to do so please leave your name and a good contact number with date and times for the consultation at **928-296-6021** or you can email the information to: **mfrpt63@gmail.com** with the subject line **Consultation.***

Thank you

Marlaina Vance, LPT, BCTMB

Expert Level Myofascial Release Therapist

