

# BODY BASICS

## HISTORY:

ANY INJURIES WHEN YOU WERE GROWING UP: \_\_\_\_\_

\_\_\_\_\_

HOBBIES WHEN YOU WERE YOUNGER THAT YOU NO LONGER DO: \_\_\_\_\_

\_\_\_\_\_

DESCRIBE A NORMAL WORK DAY: \_\_\_\_\_

\_\_\_\_\_

DESCRIBE A NORMAL DAY OFF: \_\_\_\_\_

\_\_\_\_\_

DESCRIBE A NORMAL...

BREAKFAST: \_\_\_\_\_

LUNCH: \_\_\_\_\_

DINNER: \_\_\_\_\_

SNACKS: \_\_\_\_\_

## FAMILY HISTORY:

HAVE YOUR PARENTS EVER HAD ANY PHYSICAL ISSUES THAT YOU REMEMBER (FEET, KNEE, HIP, BACK, SHOULDER, NECK, HEAD, ETC.)? YES / NO

IF YES, EXPLAIN: \_\_\_\_\_

\_\_\_\_\_