

# 2012 A.W.E. - Practitioner's Form

Please Fax your completed forms to +1 (61) 7 3319 6072

Practice Member's Name \_\_\_\_\_

NSA Practitioner's Name \_\_\_\_\_ Length of time in care \_\_\_\_\_

Circle the highest most common Level of Care addressed: Level-1 **A B C** Level-2 **A B C** ADV Care **A B C**

List which findings you are certain of: R - L Dominant Occiput

Please list all applicable Spinal Gateway™ Contacts:

___ OCC/C1 ___	___ C1/C2 ___	___ C2/C3 ___	___ C3/C4 ___
___ C4/C5 ___	___ C5/C6 ___	___ C6/C7 ___	___ C7/T1 ___
___ T1/2 ___	S1 ___	S2 ___	S3 ___ S4 ___ S5 ___ CX ___

Unusual findings: \_\_\_\_\_

Are there any areas that need special care or restrictions with regard to care? \_\_\_\_\_

Are there Phases, or Levels of Care this practice member has, or has had difficulty progressing through? \_\_\_\_\_

Are there any Out of Phase Spinal Gateway™ regions? \_\_\_\_\_

**WHERE**

Passive system tension (vertebrae, ligaments, discs)	Low / Moderate / High _____
Active system tension (spinal muscles and tendons)	Low / Moderate / High _____
Control system (adverse mechanical cord tension)	Low / Moderate / High _____

Is SRI practiced regularly? Yes No

Does this practice member attend classes/sessions with an SRI wellness educator? Yes No

What Stages are generally achieved? \_\_\_\_\_

How would you grade this practice member's somatic and energetic awareness?

Minimal  Moderate  Excellent  Outstanding

Are there any other somatic awareness comments about any part of the body or spine? \_\_\_\_\_

Are there any questions about any part of this practice member's spine, or care that you want Donny Epstein's opinions on? \_\_\_\_\_

Is there anything you want Donny Epstein to know about this practice member that you have not mentioned above? \_\_\_\_\_

**Thank you.**

\_\_\_\_\_  
NSA Practitioner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Print Member's Name)