

A.W.E. - Practitioner's Form

April 2012 – Westminster, Colorado

Please return this form with your Personal Form and Fax to +1 (303) 678-8089

Practice Member's Name _____

NSA Practitioner's Name _____ Length of time in care _____

Circle the highest most common Level of Care addressed: Lvl-1 **A B C** Lvl-2 **A B C** Advanced 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? _____

NSA Practitioner's Signature

Date

(Print Member's Name)