

For Office Use Only
Reg # _____
Date Received _____

Gate Location _____ Date _____

2012 Transformational Gate & Eurogate Practitioner's Form

(Please Print)

Practice Member's First Name _____ Last Name _____

Practitioner's Name _____ Length of time in care _____

If graded with Level of Care; Practice member has achieved

Most commonly: Level-1 a b c Level-2 a b c ADVANCED Care a b c

Currently responding at: Level-1 a b c Level-2 a b c ADVANCED Care a b c

Practice member has attended a gate within the past 2 years, please use the care information I provided on the Practitioner's Form from their last program. I am including only new spinal gateways and updates on this form.

Please list Spinal Gateways for contact if known: (List R or L for right or left next to the area contacted. For example, if C1/2 is contacted on the right, place an "R" next to C1, and list as R C1/C2)

Dominant Occiput: R L
 _____ OCC/C1 _____ C1/C2 _____ C2/C3 _____ C3/C4 _____ C4/C5 _____

_____ C5/C6 _____ C6/C7 _____ C7/T1 _____ T1/T2 _____ T2/T3 _____

S1 _____ S2 _____ S3 _____ S4 _____ S5 _____ CX _____

Out of Phase Spinal Gateways _____

How would you grade this person's awareness of their spine/body/SRI position?

0 - No noticeable awareness 1 - Mildly aware 2 - Moderately aware 3 - Highly aware

	Structure	Breath	Wave	Energy	Oscillation
Cervical Spine:	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
Thoracic Spine:	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
Lumbar Spine:	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
Pelvis:	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3

SRI:	Movement	Breath	Staying Present	
Position 1:	0 1 2 3	0 1 2 3	0 1 2 3	<input type="checkbox"/> Regularly practices SRI in office
Position 2:	0 1 2 3	0 1 2 3	0 1 2 3	<input type="checkbox"/> Regularly practice SRI on own
Position 3:	0 1 2 3	0 1 2 3	0 1 2 3	<input type="checkbox"/> Does not regularly practice SRI

Are there any areas that need special care or restrictions with regards to care? Are there any phases or Levels of Care that this practice member has, or has had difficulty progressing through?

	Moderate	High	Where?
Passive system tension (vert. / lig. / discs)	_____	_____	_____
Active system tension (spinal muscles and tendons)	_____	_____	_____
Neural Control system (adverse mechanical cord tension)	_____	_____	_____

Are there any questions about any part of this practice member's care that you want opinions on?

Is there anything you want the staff to know about this practice member that you have not mentioned above?

I, the referring practitioner, recommend this practice member to attend the Transformational Gate.

 (Please print practice member's name)

 Date

 Practitioner's Signature