Ergo Health Solutions
Plano, TX
M: 214.477.4263

Virtual Intake Form

Name: _____

Date: _____

Welcome to our live Virtual Ergonomic Assessment. Before we get started, I will need some information from you:

1) Height: _____
2) Please identify areas of greatest fatigue or discomfort:

Areas of Discomfort & Severity							
	None	*Mild*	*Moderate*		*Extreme*		*FREQ**
Neck: L/ R	*0* ☐	*1* ☐	*2* ☐	*3* ☐	*4* ☐	*5* ☐	*AN / F / C*
Shoulder: L/ R	*0* ☐	*1* ☐	*2* ☐	*3* ☐	*4* ☐	*5* ☐	*AN / F / C*
Lower Back:	*0* ☐	*1* ☐	*2* ☐	*3* ☐	*4* ☐	*5* ☐	*AN / F / C*
Wrist: L / R	*0* ☐	*1* ☐	*2* ☐	*3* ☐	*4* ☐	*5* ☐	*AN / F / C*
Other: _____	*0* ☐	*1* ☐	*2* ☐	*3* ☐	*4* ☐	*5* ☐	*AN / F / C*
**Frequency of Symptoms: Almost Never (AN) / Frequency (F) / Constant (C)*							

3) Using your phone, let someone photograph you at your workstation from the four following angles – plus the bottom of your chair (optional) – and upload the photos prior to our visit.

a. Full Body – Left View
b. Full Body – Right View
c. Full Body – Back View
d. Full Body – Top View
e. Optional – Underside of chair include the paddles and label