Soma Studio
Hohenzollernstrasse 88, 80796 Munich | +49 89 4521 7060 | hello@soma-studio.de
soma-studio.de

Patient details and session setup

Soma uses this intake to prepare the movement screen and assign the right clinician before the session.

Form fields

PATIENT ID

DATE OF BIRTH

ADDRESS

PHONE

EMAIL

INSURANCE

SESSION

LOCATION

Session preferences

- [ ] I can be filmed for gait and movement analysis.
- [ ] I prefer home exercises with minimal equipment.
- [ ] I want online follow-up options.
- [ ] I need the assessment in Italian.

Reason for booking

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Pain, injury, and movement history

Please describe patterns rather than isolated moments. The clinician will review this before hands-on assessment.

Form fields

PRIMARY AREA

PAIN SCALE TODAY

WORST IN LAST 7 DAYS

ONSET

PREVIOUS INJURY

CURRENT TREATMENT

IMAGING

RED FLAGS

Aggravating movements

- [ ] Downhill running
- [ ] Stairs after training
- [ ] Long sitting
- [ ] Squats below parallel
- [ ] Walking on flat ground

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Training, recovery, and lifestyle

Training load and recovery context help Soma create a plan that fits real weekly life.

Form fields

RUNNING FREQUENCY

STRENGTH TRAINING

WORK PATTERN

SLEEP

FOOTWEAR

GOAL EVENT

EQUIPMENT AT HOME

RECOVERY BARRIERS

Plan preferences

- [ ] Keep running if safe with modified volume.
- [ ] Include strength exercises.
- [ ] Use video demos in the portal.
- [ ] Avoid gym-based exercises.

Functional goal

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Consent, media, and signatures

Movement videos are used for clinical assessment and are stored in the patient profile unless the patient requests deletion after care.

Form fields

CONSENT VERSION

SUBMITTED

CLINICIAN

STATUS

Patient acknowledgements

- [ ] I consent to hands-on assessment where clinically appropriate.
- [ ] I consent to movement video capture for clinical use.
- [ ] I understand the plan may change after assessment.
- [ ] I consent to use of videos in marketing material.

Signatures

PATIENT SIGNATURE

NAME

DATE

CLINICIAN REVIEW

NAME

DATE