CLIENT INTAKE FORM

Name_____ Date _____

Address_____ D.O.B. _____

_____ Height_____ Weight

Phone: Home _____ Work _____ Occupation _____

Emergency Contact (name & phone) _____

Relationship Status_____ # Children _____ Referred By _____

Physician (name & phone) _____

Therapist (name & phone) _____

Reason for Visit _____

_____ Date of Onset _____

Current/Previous Treatment (for above) _____

Current Medications _____

Current Complementary Therapies/Supplements _____

Eating Habits/Diet _____

Amount Daily Intake: Water _____ Caffeine _____ Alcohol _____ Cigarette/Tobacco_____

Exercise Routine _____

Please mark the following areas of diseases or symptoms as 'C' for current, 'P' for past, and 'CH' for chronic. Explain if necessary.

EMOTIONAL/PSYCH.	Hyperthyroid	Heart Attack	**URINARY**
Depression	Hypothyroid	Heart Failure	**BLADDER INFECTION**
Eating Disorder	**NEUROLOGICAL**	Hypertension	Kidney Stones
Mood Swings	Epilepsy	Stroke	**REPRODUCTIVE**
Substance Abuse (type)	Dizziness	**RESPIRATORY**	**SEX. TRANS. DIS. (TYPE)**
AUTO-IMMUNE	Insomnia	Bronchitis	Endometriosis
AIDS/HIV	Migraines	Emphysema	Pregnancies (# & 'C' if current)
Allergies	**MUSCULO-SKELETAL**	Pneumonia	Miscarriage (#)
Cancer (type)	Arthritis	Tuberculosis	Abortion (#)
Fatigue	Back Pain	**DIGESTION**	
Fever (chronic)	Carpal Tunnel	Constipation (chronic)	**OTHER:**
Fibromyalgia	Gout	Diabetes	
FUNGAL INFECTIONS (TYPE)	Skin Disorder (type)	Diarrhea (chronic)	
Herpes (type)	**E N T**	Gastritis	
Lyme Disease	Earaches (chronic)	Hepatitis	
Mononucleosis	Headaches	Hypoglycemia	
ENDOCRINE	Jaw Pain	Jaundice	
Adrenal Insuf.	**CARDIOVASCULAR**	Liver Disorder	
Pituitary Dysf. Angina	Ulcers		

PLEASE CONTINUE …

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Please list any injuries you had and have:

Please list any surgeries you had or know you will have:

Please list any traumatic or life threatening events that occurred in your life, and when they happened:

What do you hope for and what are your expectations from this healing today and long-term?

Is there anything else you want to share or want me to know?