

CLIENT INTAKE FORM
(CONFIDENTIAL—for Practitioner's use only)

PAGE 1 OF 2

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
Eat	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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PAGE 2 OF 2

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?
