

# Client Intake Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Please answer the following questions

1. Home Address: \_\_\_\_\_

2. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

4. Occupation / Activities: \_\_\_\_\_

5. How did you hear about us? \_\_\_\_\_

6. List your goals. \_\_\_\_\_

7. Describe the challenge for which you are seeking assistance: \_\_\_\_\_

8. How long have you had this? \_\_\_\_\_

9. Are you having pain now? If so, where? what is the intensity? 10 being the worst? \_\_\_\_\_

10. Please briefly state past medical history including surgeries and accidents: \_\_\_\_\_

