

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 Treatments (for above) _____
 Current Medication _____
 Current Complementary Therapies/Supplements _____

 Eating Habits/Diet _____
 Amount Daily Intake: Water _____ Caffeine _____ Alcohol _____ Tobacco _____
 Exercise Routine _____
 Accidents/Injuries _____
 Surgeries _____
 Vision _____ Glasses/Contacts _____ Smell _____ Hearing _____ Taste _____

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

EMOTIONAL/PSYCH.	Hyperthyroid	Heart Failure	URINARY
Depression	Hypothyroid	Hypertension	Bladder Infection
Eating Disorder	NEUROLOGICAL	Stroke	Kidney Stones
Mood Swings	Epilepsy	RESPIRATORY	REPRODUCTIVE
Substance Abuse (type)	Dizziness	Asthma	STD(type)
AUTO-IMMUNE	Insomnia	Bronchitis	Endometriosis
AIDS/HIV	Migraines	Emphysema	Pregnancies (# & if current)
Allergies	Musculo-Skeletal	Pneumonia	
Cancer (type)	Arthritis	Tuberculosis	Miscarriage (#)
Fatigue	Back Pain	DIGESTION	
Fever (Chronic)	Carpal Tunnel	Constipation (chronic)	Abortion (#)
Fibromyalgia	Gout	Diabetes	
Fungal Infections (type)	Skin Disorder (Type)	Diarrhea	OTHER:
Herpes (type)	ENT	Gastritis	
Lyme Disease	Earaches (Chronic)	Hepatitis	
Mononucleosis	Headaches	Hypoglycemia	
ENDOCRINE	Jaw Pain	Jaundice	
Adrenal Fatigue/Failure	CARDIOVASCULAR	Liver Disorder	
Pituitary Dysfunction	Angina	Ulcers	
	Heart Attack		

Over, please

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?

What is your religious affiliation or spiritual practice?

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