

CONFIDENTIAL CLIENT HEALTH INTAKE FORM

Name: _____

Address: _____

Telephone (home) _____ (cell) _____ e-mail: _____

Emergency Contact & Telephone: _____

Referred by: _____

Reason for

Visit: _____

Current and/or previous treatments for the above
complaint: _____

Accidents/Injuries: _____

Surgeries with date and type:

Current Medications, vitamins and herbal supplements:

Eating Habit/Diet:

Exercise Routine:
