

Name:

Client Intake Form

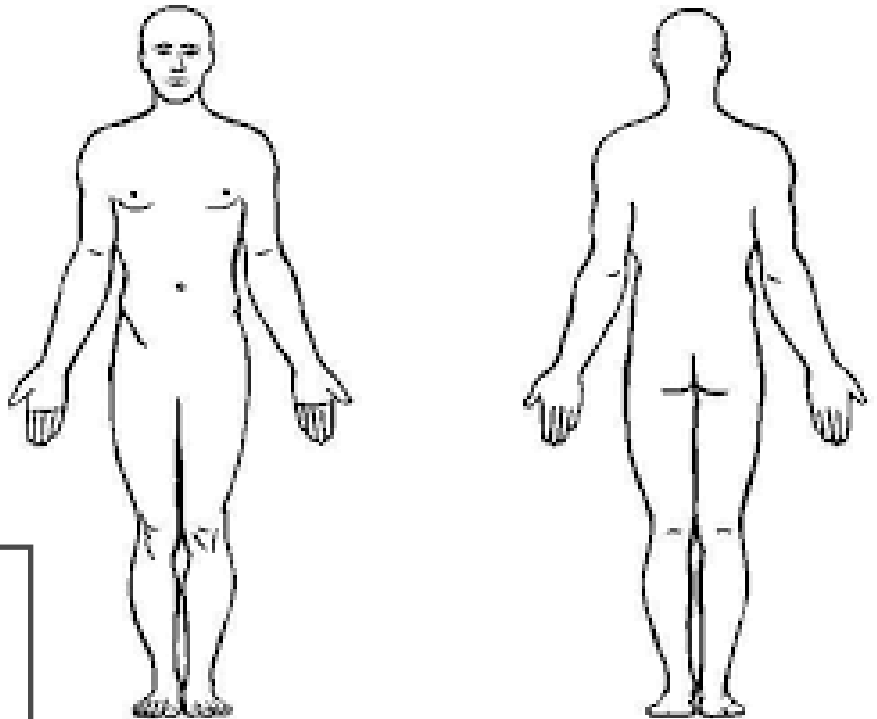
Please list your primary complaints (describe your pain) and movements or positions that trigger your pain (please be as specific as possible):

What does a typical week look like in terms of physical activity (e.g. walk a lot, sits at a desk, etc.)?

What type of exercise do you do if any?

Please list any pertinent medical findings — if you have had imaging or a previous diagnosis, please share along with the name of the practitioner.

(Please fill out time line on reverse side of this page.)



Place a letter in the corresponding area.

- P** = Pain Area
- X** = Fractured Area
- S** = Sprains & Strains
- W** = Scar Area

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Please write along the time line below all injuries/pains/surgeries in chronological order from oldest to most recent (approximate dates are fine). NOTE: More is better in this case. Even if you think a previous injury is not pertinent to your current complaint, please include. For example: every ankle sprain, falling off your bike as a child, concussions, etc.

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