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## Client Intake Form

Date \_\_\_\_\_

### **PERSONAL**

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Name

Date of Birth

Occupation

### **CONTACT**

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E-mail

Phone | Day

Phone | Evening

Phone | Mobile

Address

### **EMERGENCY CONTACT**

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Name

Relationship

Phone

### **REFERRAL SOURCE**

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How did you hear about me?

### **HEALTH HISTORY**

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List all injuries | surgeries | accidents (include dates)

### **HEALTH HISTORY CONT'D**

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What is your primary concern/complaint?

What was it caused by?

What treatments have you received for it?

What helps the most?

What helps the least?

What do you do for physical exercise?

What do you do to relieve stress?

What do you want to get out of your session(s)?