

CLIENT INFORMATION
(Confidential)

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work # _____ Cell # _____

Email _____ Occupation _____

Birthday _____ Ht _____ Wt _____ Age _____

Referred By _____

MEDICAL HISTORY

Are you currently under medical care? If yes, please explain: _____

_____ Doctor's Name _____

Please list any Surgeries, Accidents or Injuries:
(Use other side if necessary)

When?

Rate your current stress level (0 = no stress; 10 = maximum stress): _____

Are you currently doing any physical activity? Please explain: _____

Reason for visit: _____