



Client Intake Form

Date

Client Name

Client Information

Home Phone

Cell Phone

Email Address

Address

City

State.

ZIP Code

Occupation/Business Type

DOB

Gender

**Additional Information
(Seniors/Military/etc.)**

Service Requests

Other/Special Requests

Availability for Follow-ups

Previous Customer?

Referred by



Client Intake Form

1. GOALS of Treatment

2. List Previous injuries

3. MEDS

4. Current injuries