

The Viroqua Healing Arts Center Client Intake Form

Date: _____

Name: _____

Address: _____

Phone Number: home _____ work _____

Date of Birth: _____ Occupation: _____

Referred by: _____

In Case of Emergency Please Notify: _____ Phone: _____

Primary health care provider (physician, therapist, chiropractor, etc.):

What is the major complaint or condition you would like to improve?

What brought it on? _____

What activities aggravate the condition? _____

Does this condition interfere with: Work? _____ Sleep? _____ Daily Routine? _____

Please explain: _____

What have you done to get relief? _____

Has there been a medical diagnosis? _____ Please explain: _____

The following questions help to assess your current state of health, to identify areas of specific focus and to plan your treatment sessions to fit your specific needs.

Describe your overall level of stress: Low _____ Medium _____ High _____

Rate your energy level: High _____ Medium _____ Low _____

Please list (date and description) any accidents, injuries or surgeries: _____

Are you currently receiving medical /therapeutic treatment? _____ Please explain:

List any supplements or medications you are currently taking: _____

Describe any exercise and stress reducing activities you practice (include frequency):

Please continue on following page