



## New Client Intake Form



### Name

First Name      Last Name

### Sex

### Contact Number:

### E-mail

example@example.com

### Address:

Street Address

**Marital Status**

---

---

In case of emergency

**Emergency Contact:**

First Name      Last Name

**Relationship**

**Contact Number**

---

**Prior/Present Medical conditions**

**How is your sleep?**

**Headaches/Migraines/Stress?**

**Phobias?**

**Medical Doctor's name**

---

**Taking any medications, currently?**

Yes

No

**If yes, please list it here**