

# Make Your Wellness Up

## CLIENT INTAKE FORM

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

How did you learn about us? \_\_\_\_\_

Do you have a diagnosis by a physician? If so, please describe  Yes  No

Are you on any medication?  Yes  No If yes, which ones \_\_\_\_\_

Do you exercise?  Yes  No

What type of exercise or physical activities do you currently participate in, and with what frequency?

Why has it led you to seek guidance with your wellness? Please explain briefly:

How is your sleep? \_\_\_\_\_

Do you experience pain? Is there any time of the day or night that you always experience pain or discomfort? Yes\_\_\_\_ No\_\_\_\_. If so, please explain briefly \_\_\_\_\_

When do you experience pain? \_\_\_\_\_ Location of pain: \_\_\_\_\_

Do you have Osteoporosis or Osteopenia?  Yes  No Please specify \_\_\_\_\_

Place a checkmark next to the areas of your life where the pain or discomfort has interfered:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Work              | <input type="checkbox"/> Emotional Well-being | <input type="checkbox"/> Family Responsibilities |
| <input type="checkbox"/> Social Activities | <input type="checkbox"/> Sex life             | <input type="checkbox"/> Other                   |

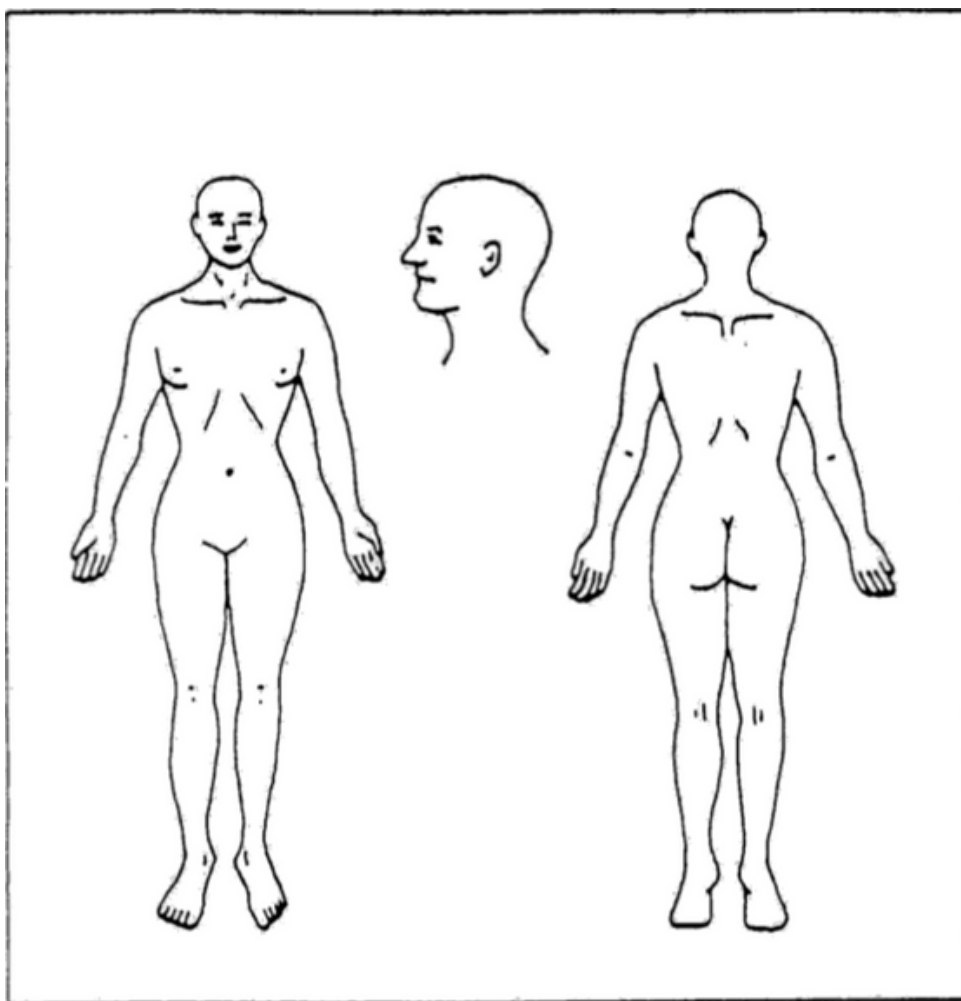
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Directions: Please place these symbols on the diagram below to indicate the location and type of pain you experience:

///sharp pain;      xxxx burning, radiating pain;      =====numbness;      0000 dull ache

Adjacent to each area you have filled out, please rate the severity of your pain using a scale from 1-10, with 1 being low pain and 10 being severe.



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If the terms of this Agreement are acceptable, please sign the acceptance below. By doing so, the Client acknowledges that: (1) he/she has received a copy of this letter agreement; (2) he/she has had an opportunity to discuss the contents with the Coach, and (3) the Client understands, accepts and agrees to abide by the terms hereof.

Client

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Coach/Instructor

Signature \_\_\_\_\_

Date: \_\_\_\_\_

**OBJECTIVES:**

**RELEVANT CASE HISTORY/DIAGNOSIS:**