

Intake Form

Patient:

Date:

Practitioner:

Age:

Presenting Condition(s):

Referred by:

S	SYMPTOM/ CONDITION	SEVERITY (Scale: 1-10)	ONSET DURATION	AGGRAVATING FACTORS	RELIEVING FACTORS	PREVIOUS OCCURENCE
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1.

2.

3.

4.

Other Conditions:

Other Practitioners/TX's:

Laboratory/Imaging:

Health History

Sports Injuries:

Fractures:

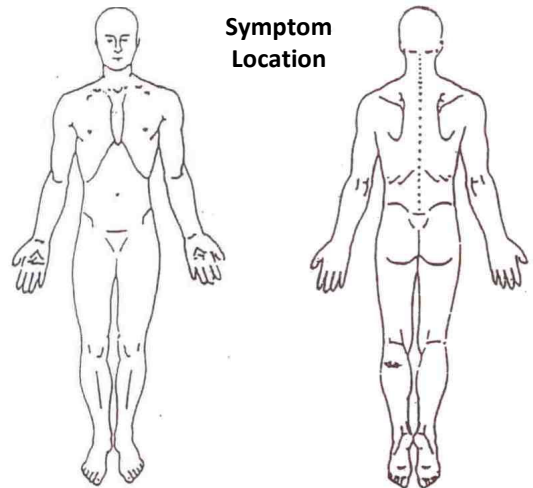
Hospitalizations:

Surgeries:

Dental Hx:

Motor Vehicle Accidents:

Falls/Impacts:



Reproductive System:

Patient's Childbirth Hx:

of children:

Childhood Health Hx:

Family Hx:

Lifestyle

Occupation:

Duties:

Activities/Posture:

Exercise:

Sleep Patterns:

Eating Habits:

Stress Issues:

Environment:

Supplements/Meds:

Health Priorities/Goals:

INTAKE

O

CERVICAL:

FL: EX:
RR: LR:
RF: LF:

LUMBAR:

FL: EX:
RR: LR:
RF: LF:

SI FIX. R L

HIP

RT: LT:
FL: FL:
ER: ER:
IR: IR:
EX: EX

SHOULDER

RT: LT:
AB: AB:
ER: ER:
IR: IR:

STABLE (X, ✓):

KNR A P

KNL A P

SHR SHL

HIP R HIP L

L4,5 _____

ANR ANL

THOR. DIA (X, ✓):

R: L:

PELV. DIA (X, ✓):

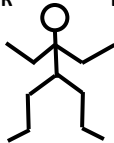
R: L:

GRIP:

R: L:

REFLEXES:

R L



CAR TUN (X, ✓):

R: O C

L: O C

BP: /

TONGUE DEV:

R STR L

UAT (X, ✓):

PO CO

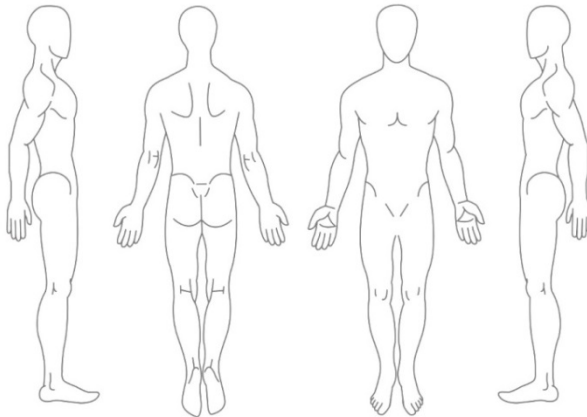
ADD. FINDINGS:

CLIENT:

PRACTITIONER:

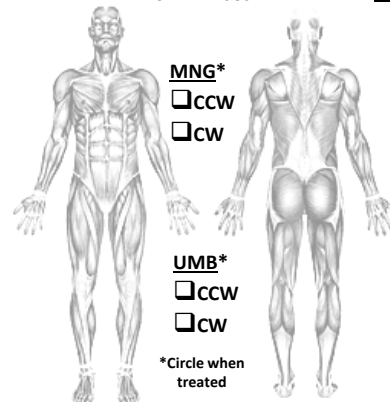
DATE:

ASSESSMENT: Structural / Postural (mark with lines)



**Muscle Tone (↑↓ N)
Pre-Tx / Post-Tx**

A



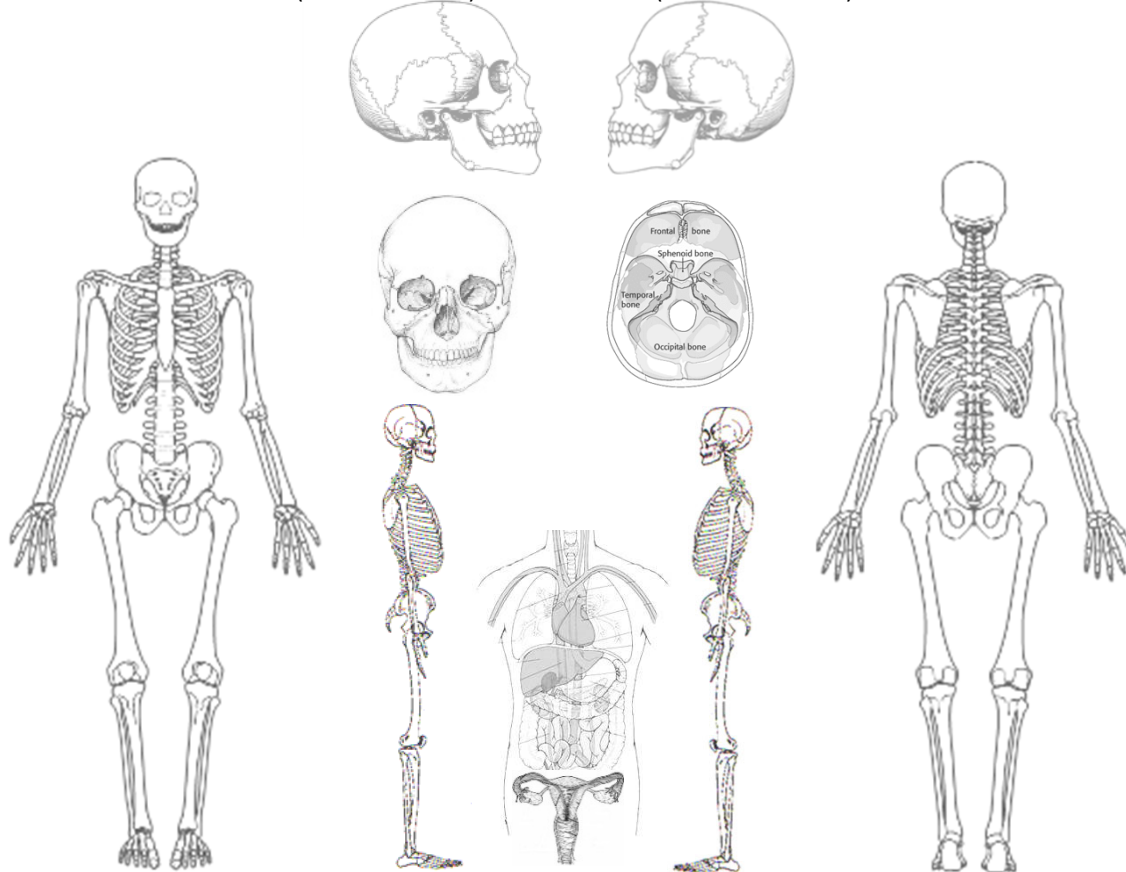
MNG*
 CCW
 CW

UMB*
 CCW
 CW

*Circle when treated

ASSESSMENT: Structural (mark with lines)

Bio-Electric (mark with circles)



VOMS	Headache	Dizziness	Nausea	Foggy
Baseline				
H Smooth Pursuits				
V Smooth Pursuits				
Convergence				

Convergence Near Point (cm.) _____
Romberg Test Standard: Positive Negative
Pupil Response (X, ✓):
 Right Left
Romberg Test Extension:
Pupil Size (↑, ↓): _____
 Positive Negative
 Right Left

TREATMENT/FOLLOW UP PRIORITIES:

P

ADDITIONAL INFORMATION/RECOMMENDATIONS:

MATRIXMAG ORTHOTICS CASTOR OIL EPSOM SALT

REFERRAL: _____ EXERCISE: _____

OTHER/FOLLOW-UP: _____