

CLIENT INTAKE FORM

DATE: _____

NAME: _____

ADDRESS: _____

HOME PH: _____ CELL: _____

E-MAIL: _____

DATE OF BIRTH: _____ REFERRED BY: _____

BEST TIME/WAY TO CONTACT YOU: _____

REASON YOU ARE SEEKING ASSISTANCE: _____

STORY/HISTORY OF YOUR PAIN OR DYSFUNCTIONAL AREAS: _____

ACCIDENT/INJURY HISTORY: (Dates/Description) _____

OCCUPATIONS: *(Present & Past)* _____

MUSCULAR OVERUSE: _____

POSTURAL CHALLENGES: *(at home, work and 'play')* _____

EMOTIONAL or STRESS CONTRIBUTING FACTORS: _____

WHERE IN YOUR BODY DO YOU TEND TO STORE YOUR TENSION?

SURGERIES: *(please include dates)* _____

WHAT HAVE YOU DONE TO RESOLVE THESE ISSUES AND WHAT SUCCESS HAVE YOU HAD?

(acupuncture, PT, chiropractic, massage, yoga, stretching, ice/heat, medications/supplements, etc.)

EXERCISE: (Any issues that arise during exercise)?

DIET (Caffeine, sugars, allergens): _____

SLEEP POSITION: _____

Do you sleep "scrunched up" or stretched out and are you comfortable?

WHAT DO **YOU** BELIEVE WILL HELP RESOLVE THESE ISSUES?

****IT WOULD BE HELPFUL TO HAVE ANY X-RAY OR MEDICAL REPORTS TO BETTER ASSIST YOU. PLEASE BRING THESE MATERIALS ALONG IF YOU HAVE THEM****

Please Note:

The 'natural' healing process can take time and requires patience. Sessions require feedback and participation from the client to ensure positive results. In partnering with my clients verbal communication is key during the session itself. Participating in a program designed specifically for you at home will also accelerate your healing process.

Margi offers both private sessions and small group classes (Relax & Lengthen) involving techniques that could support your home program. Please speak with Margi if you are interested in these options.

Cancellation Policy:

Name: _____

Signature: _____

Date: _____

Note: I required a 24 hour appointment cancellation. I appreciate the notification by a phone call to my business number at (978) 283-3330.

This policy is to allow for a flow in my practice. Due to the style of my sessions a missed appointment without a call to me will result in a charge to you for the full session.

Thank you for the courtesy.

Please shade in areas of discomfort and circle the most important areas on the diagram.

When are these areas most severe? _____

When are they at their best? _____

Are the pains getting worse or better? _____

Are the pains constant or sporadic? _____

What is your primary posture during the day? _____



