

**New Client Information – Please PRINT clearly**

Today's Date: \_\_\_\_\_

Your Birth Date: \_\_\_\_\_

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

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

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

City/Zip: \_\_\_\_\_

Home or Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

1. Please indicate your primary reason / health goal for scheduling a session with me.
2. Have you ever had a serious impact injury to the low back or pelvis/hip area?  Yes  No  
**If yes**, please describe the type of injury and year it happened.
3. Have you had any joint replacements?  Yes  No  
**If yes**, please which joint(s) and year they were replaced.
4. Do you have any implanted medical device (pacemaker, pain pump, etc.)?  Yes  No  
**If yes**, please indicate type of implant and where it is located.

Please note current health issues and how long you have been experiencing them.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Please list any injuries/surgeries you have had, other than those noted in questions 2 & 3 above.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Please list any stressors, emotional issues or traumas that you feel are affecting your health.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Please list any health conditions for which you are taking medication.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_