

NEW CLIENT INTAKE FORM

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____ Cell Phone Company (for texting): _____

Date of Birth _____ Gender _____ Height _____ Weight _____

Name of Your Employer: _____

Type of Work: _____

Referred to this office by: _____

Circle if you are: Single Married Widowed Divorced Separated

Name and Phone number of person to contact in case of emergency: _____

LIST YOUR MAJOR PRESENT HEALTH COMPLAINT (IN ONE SENTENCE): _____

DURATION OF PRESENT CONDITION (HOW LONG): _____

Have you been treated before for this problem? No Yes

If yes, by Physician Chiropractor Physical Therapist Osteopath

Other: _____

What did they do and/or recommend? _____

What was their diagnosis? _____

Is this condition getting progressively worse? No Yes

Fractures or dislocations: _____

Drugs (medications) you are currently taking: _____

Allergies: _____

Have you ever had a nervous breakdown? _____

Have you ever been treated for any mental disorders? _____

NECK, BACK, EXTREMITIES: Please underline all of the following symptoms you had previously.
Please circle all of the symptoms you have NOW.

NECK

- Pain in neck
- Neck stiffness
- Neck weakness
- Pinched nerve in neck
- Neck feels out of place
- Muscle spasms in neck
- Grinding/popping sounds in neck

SHOULDERS

- Pain in shoulder joint Right Left
- Pain across shoulders
- Can't raise arm Right Left
 - Above shoulder level
 - Over head
- Tension in shoulders
- Pinched nerve in shoulder Right Left

MID-BACK

- Mid-back pain
- Mid-back stiffness
- Pain between shoulder blades
- Pain from front to back
- Muscle spasms in mid-back

LOW BACK

- Low back pain
- Low back stiffness
- Low back weakness
- Pinched nerve in low back
- Low back feels out of place
- Muscle spasms in low back

ARMS & HANDS

- Pain in upper arm Right Left
- Pain in elbow Right Left
- Pain in forearm Right Left
- Pain in hand Right Left
- Pain in fingers Right Left
- Pins & needles in fingers Right Left
- Numbness in arm Right Left
- Numbness in fingers Right Left
- Weakness of arm Right Left
- Weakness of hand Right Left
- Hands cold Right Left

HIPS, LEGS & FEET

- Pain in buttocks Right Left
- Pain in hip joint Right Left
- Pain down leg Right Left
- Pain in ankle Right Left
- Pain in foot Right Left
- Weakness of leg Right Left
- Weakness of knee Right Left
- Leg cramps Right Left

OTHER SYMPTOMS

PAST HEALTH HISTORY

OPERATIONS/SURGERIES AND YEARS PERFORMED: _____

Organs/Glands removed: _____

VACCINATIONS AND INJECTIONS RECEIVED:

- Diphtheria Polio Tetanus Spinal tap or injections Typhoid Smallpox
- Other: _____

- HABITS: Coffee Tea Alcohol Tobacco
- Exercise Hobbies Sleep (Hours): _____

ACCIDENTS OR FALLS (Please Describe): _____

Body Renew Office & Individual Disclaimer

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The information given in this office is not to be used in lieu of medical advice from a physician.

If you have any specific questions about any medical condition, you should consult a physician.

If you think you may be suffering from any medical condition, you should seek immediate attention from a physician.

You should never delay seeking medical advice, disregard medical advice, or discontinue medical treatment based on information given at the Body Renew office by Sandra Buttrey, LMT or the Body Renew staff.

Any information given out from the Body Renew office in the form of brochures, copies, computer reports, newsletters, etc. are solely for information purposes and are not intended to treat, diagnose, cure, or prevent any disease.

The information collected during a frequency analysis is used to support the muscular, skeletal, inflammatory, and immune responses.

Signature

Date