Earthly Branches
WELLNESS

Client Intake Form

Name_____Today's Date _____
Address_____ Date Of Birth_____
City_____ Zip_____Occupation_____
E-mail_____Join Mailing List? Yes or No
Cell Phone_____ Alternate Phone_____
Have you had acupuncture or massage before? When was your last session?_____

Health Goals

What is your overall physical condition? _____Excellent _____Good _____Fair_____ Poor
How often do you exercise? _____Never _____1-2 x week _____3-4 x week _____Other
Are you in the process of making any lifestyle changes? _____

Relevant Health Information

(Please check all that apply)

_____Are you diabetic?
_____Are you epileptic?
_____Are you wearing contact lenses?
_____Do you have frequent headaches
_____Are you pregnant?
_____Do you have cancer/remission?
_____Do you have high blood pressure?
_____Have you had lymph nodes removed?

Have you had/have any serious medical conditions and are you under a doctor's care?
_____
List any allergies _____
List all medications you are taking and why_____
_____
_____
Have you had any injuries, accidents or surgeries in your lifetime? _____
_____
_____
Do you have tension, soreness, sensitivity, stabbing pains or numbness in specific areas?
_____
_____

I understand that **Earthly Branches Wellness** provides a supportive environment for addressing health concerns and is adjunctive to regular, ongoing health care. It is my responsibility to communicate any discomfort during a session, as well as updating my practitioner as to any changes in my medical condition or medications.

Client's Signature_____ Date_____

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