

Mike's Body Shop
Client Intake Form

Please fill in all areas.

Date _____ Name _____

Address _____ City/State/Zip _____

Tel _____ Email _____

DOB _____ Referred By _____

Personal Information

Reason for Visit: _____

Surgery, Prior Injuries, Symptoms: (Please include dates.)

Sports and Hobbies: _____

Practitioners

Are you currently under the care of a health practitioner? Please note which of the following type you are currently seeing.

Chiropractor Naturopath Ayurvedic Medical Doctor
 Physical Therapist Other _____

Notes:

Thank you