



## Consultation Intake Form

Name

DOB

Phone

### Symptoms – check all that apply

Neck pain

Low back pain

Mid-back pain

Shoulder pain

Hip pain

Knee pain

Headaches / Migraines

Sciatica

Numbness / Tingling

Disc bulge / herniation

Plantar fasciitis

Tendonitis

Post-surgical pain

Auto accident injury

Sports injury

Digestive problems

Sinus issues

Fatigue / low energy

Sleep problems / insomnia

Hormone imbalance symptoms

Brain fog

Weight gain

Stress-related tension

**Which ONE problem bothers you the most?**

**What does this problem keep you from doing, even if just partially?**

**What have you tried that has not worked or only helped temporarily?**

Previous Care:

Chiropractic

Massage

Shockwave

Class IV Laser

How did you hear about us?

Google

Friend/Family

Physician

Attorney

Social

Other

Signature

Date