

New Client Intake Form

Please Answer the Following Questions:

1. Name:
 2. Birthdate:
 3. Address:
 4. Phone #:
 5. E-mail:
 6. Best contact method:
 - A. call
 - B. text
 - C. email
 - D. other
 7. How did you hear about Hnath PT?
 8. What goal(s) would you like to achieve?
 9. Medical History (please list):
 - E. Recent injuries?
 - F. Recent surgeries?
 - G. Cardiovascular disease? yes no
 - H. High/Low blood pressure? yes no
 - I. Diabetes? yes no
 - J. Women Only*
 - A. Pregnancy history?
 - currently pregnant: yes no
 - pregnancies:
 - deliveries:
 - types (c-section or vaginal):
 - dates:
 - B. Date of Last Menstrual Cycle:
 - C. Menopause? yes no
 - D. Osteopenia/Osteoporosis? yes no
 - K. Any medical disease/disorder that could prevent you from participating in vigorous physical activity?
10. Medications/Supplements (please list):
 11. Primary Care Physician
 1. Name:
 2. Contact #:
 12. Emergency Contact:
 1. Name:
 2. Relationship:
 3. Contact #: