

Jenny Sechler DC, GNP, FNP

New Client Intake Form

All information on this form is confidential. If you are uncomfortable or unsure about answering any questions, you may leave them blank and discuss them with your practitioner.

Last Name: _____ **First** _____ **MI:** _____

DOB: _____ **Age** _____ **Height:** _____ **Weight** _____

Address: _____

City: _____ **State:** _____ **Zip code** _____

Home Phone: _____ **Cell Phone:** _____

Email: _____ **Occupation:** _____

How did you hear about us? _____

List the main problem(s) you are having or the purpose for your consultation: If there are multiple, list the primary followed by the top 2 if applicable.

1. _____

2. _____

3. _____

When did these issues start? _____

What kinds of treatments have you tried? _____

Who have you seen for these issues? _____

Have any of these treatments been helpful and if so which ones? _____

What makes your symptoms worse (i.e. certain movements, weather changes, etc)? _____

Please describe your pain symptoms:

Achy Sharp Dull Burning Tight Numb Stiff
Throbbing Shooting Stinging Stabbing Other

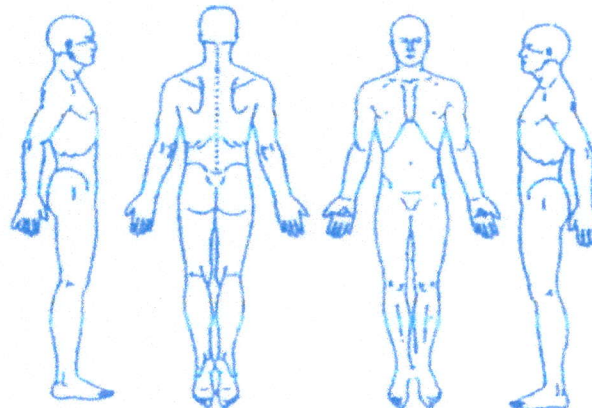
How often do your symptoms occur?

Constant (all the time) Frequent Intermittent

Is it worse in the: A.M. P.M. After activity With movement
Other

Please describe:

Please use the diagram below to demonstrate the location of your pain:



Rate the severity of your pain: No pain 0-1-2-3-4-5-6-7-8-9-10 Severe Pain

Rate your overall health: Poor 0-1-2-3-4-5-6-7-8-9-10 Excellent

Rate your energy levels: Poor 0-1-2-3-4-5-6-7-8-9-10 Excellent

If you could make only one improvement in your health, what would it be?

Does anything make these issues better? _____

Does anything makes these issues worse? _____

What is your primary goal(s) you would like to achieve?

Sleep Patterns:

How many hours a sleep per night _____

what time do you usually go to bed? _____

Do you struggle to go to sleep, stay asleep, or both? _____

Health Beliefs:

What do you believe might be blocking you from healing? _____
