



Intake Questionnaire

Name: _____ **Date:** _____ **Birth date & Age:** _____

Mailing Address: _____

Phone Number: _____ **Email Address:** _____

Please check all that apply.

My current reason for coming in is:

I have been in a car accident or other recent trauma. When?

I have experienced bone breaks (fractures). Where?

I have had surgery on my spine (Circle area): Neck/Mid-Back/Low Back When?

I have a personal history of a stroke or cancer. When? Where?

I take prescription medication (Please List!):

I would like help with:

Allergies/Sinusitis

Asthma

Chronic Fatigue Syndrome

Fibromyalgia

High Blood Pressure

Frequent Colds/Flu/Infections

Headaches

PMS

Infertility

Pain (Please state location and type):

Other:

I currently (or previously) experience:

Excessive stress

Constant muscle pain

Constant joint pain

Poor sleep quality

Chronic pain

Fatigue in the afternoon

Thyroid Problems

Constipation

Skin Disorders

Excessive muscle tension and pain (list where):

I heard about Alignment Is Life Health Center through:

ValuMail

External Signs

Other (Please List!):

Networking Meeting (Please List!):

Friend Referral (Please list!):

Other:

Sign: _____