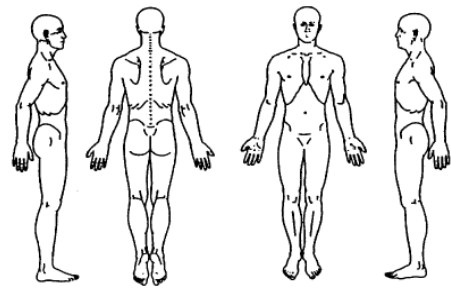


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BodyWorks, Asian Bodywork Therapies LLC
10411 State Highway 27, POB 1333
Hayward, WI 54843
715-934-2014



New Client Intake Form

PLEASE CIRCLE WHERE YOU WOULD LIKE THIS SESSION TO FOCUS

Client: _____
Address: _____
Contact Number: _____
Occupation: _____
Physician: _____

e-mail address: _____
City/State/Zip _____
Date of Birth: _____
Hours per Week: _____
Date of Last Physical _____

Major Complaints: _____

Date of First Symptom: _____

Your Physician's diagnosis, if any: _____

Other Treatment

1. Medication by Physician _____
2. Chiropractic _____
3. Acupuncture and/or herbs _____
4. Orthopedics _____
5. Nutritional counseling _____
6. Other _____

PERSONAL HISTORY

Injuries: _____

Surgeries: _____

Condition: _____

Blood Pressure: _____ Blood Sugar: _____ Height: _____

Smoke: Y / N Drink: Y / N

Preferred food taste: Sour / Bitter / Sweet / Pungent / Salty

FAMILY HEALTH HISTORY

Mother: _____

Father: _____

I have been advised and understand that BodyWorks DOES NOT DIAGNOSE but works with my primary Physician in supporting my healthcare treatment.

I have been advised and understand that, in the event of advanced illness, BodyWorks will require Client and Physician authorization to proceed with therapy.

Client Signature

Date

Print Name