

Polarity Therapy Intake Form

Name: _____ Phone: (h) _____ (b) _____

Address: _____

City, State, Zip: _____

E-mail: _____ Birthdate: _____

Physician: _____ Phys Phone #: _____

Emergency Contact: _____ Phone Number: _____

How were you referred here? _____

Are you receiving/Have you received any other form of therapy. Please check all that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Massage Therapy | <input type="checkbox"/> Acupuncture/Chinese Med | <input type="checkbox"/> Other |
| <input type="checkbox"/> Other Form of Bodywork | <input type="checkbox"/> Nutrition/Homeopathy | |

Please explain why you are seeking an Energy Bodywork Session? (Please include any physical, emotional or mental symptoms that are currently present. Use the back of this page if necessary)

Please list any major illness, injury you have had. _____

List any medications, vitamins, or herbs you are currently taking. _____
