New Patient Intake Form

Date: _____

Name: _____ **Date of Birth:** _____

Address: _____**Postal Code:**_____

City: _____

Home Phone: _____ **Cell Phone or Work Number:**_____

Email Address: _____

Referred to clinic by: _____

Current Supplements: **Current Medications:**

List any previous injuries/ accidents/ surgeries and dates:

Have you had MSA testing before? (If yes, when)_____
Are you taking other therapies? (If yes, what type)_____
Do you exercise regularly? (at least 3x/week)_____**How much sleep do you get each night?**_____
What is your occupation?_____ **What is your stress level?**_____
Do you have regular eating habits?_____ **Do you have a repetitious eating pattern?**_____
How much water do you drink a day?_____ **Do you drink tea or coffee?** _____ **How muc?**_____
Are you pregnant?_____ **Number of Pregnancies**_____
Have you ever had a reaction to herbs or nutritional products?_____
If yes, explain_____
Who is your Doctor?_____ **When was your last medical visit?**_____
Blood pressure: Normal[ ] High[ ] Low[ ] Cholesterol: Normal[ ] High[ ] Diabetic: Yes[ ] No[ ]
Allergies: No[ ] Yes (explain)_____
Present Concerns:_____
Goals: 1._____
2._____
3._____

The MSA Pro is a device whose function is to assess stress within the energy pathways of the body. It is not a diagnostic tool for disease identification. The MSA Pro can help restore functional health by recommending remedies that restore balance to affected energy paths.
I understand that the exchange of information is for educational purposes and to be used at my discretion.
I recognize that my health and well being depend on how well I care for myself, and I accept responsibility for myself and the choices I make.
I certify that the above information is correct to the best of my knowledge.
Payment in full is expected at time of service.
Circle of Health does not prescribe, diagnose or treat specific conditions, and does not intend to replace medical treatments.

Client Signature:_____
Legal Guardian (if under 18):_____**Relationship to Client:** _____

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