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Intake Questionnaire

Name: _____ Birthdate: _____

Address: _____

Phone: _____ Email: _____

Occupation: _____ Employer: _____

Marital Status: _____

Please list members of your household:

Name	Relationship	Age	Sex
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What is your main reason for seeking services? _____

Physician: _____

Current medical concerns: _____

Medications: _____