

*Quantum-Touch
Client Intake Form*

This form will assist me in best serving you. Please take a few minutes to complete the various areas below and then return it to me. If at any point in our working together any of the information requested below changes, please let me know.

Name: _____

Home Address: _____

Email Address: _____

Would you like to receive emails with news and discounts? Y_____ N_____

Phone Number/s: _____

Date of Birth: _____

Single / Married / Committed Relationship

Kids? Ages: _____

Pets? Kinds: _____

Occupation: _____

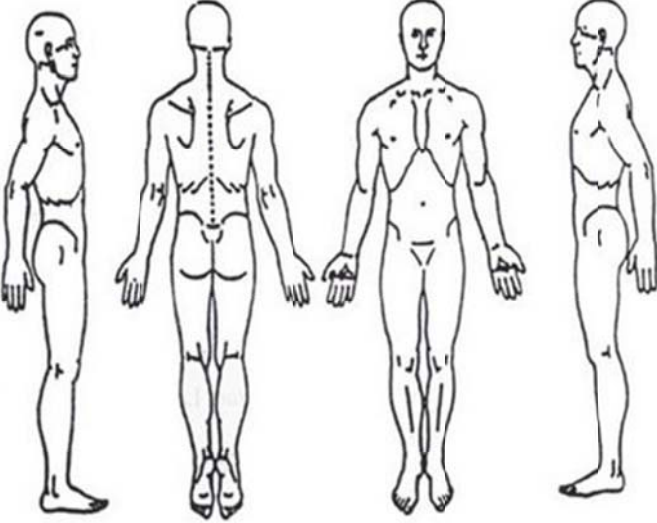
Past Injuries: _____

Recent Stressors: _____

~Please complete both sides of form~

Please mark the area/s of concern:

Headaches		Lower Back Pain:	L / R
Stress		Hip:	L / R
Neck Pain:	L / R	Knee:	L / R
Shoulder Pain:	L / R	Foot and/or Ankle:	L / R
Upper Back Pain:	L / R	Other:	

Client Name _____	
Date _____	
	
Comments: _____	

Ryan Jay Hoyme	

~Please complete both sides of form~