

**CLIENT QUESTIONNAIRE**  
(Use back of form if more space needed)

Name: \_\_\_\_\_ Age: \_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (h): \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_

Email: (h): \_\_\_\_\_ (w): \_\_\_\_\_

Occupation: \_\_\_\_\_

Primary MD: \_\_\_\_\_

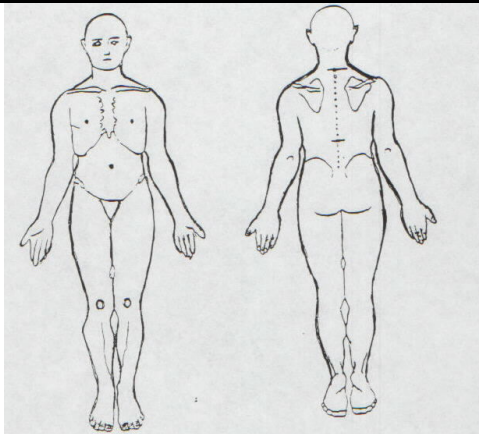
Current medications and vitamins: \_\_\_\_\_

Diagnosis/symptoms/complaint: \_\_\_\_\_

Mechanism of injury: \_\_\_\_\_

Prior level of function: \_\_\_\_\_

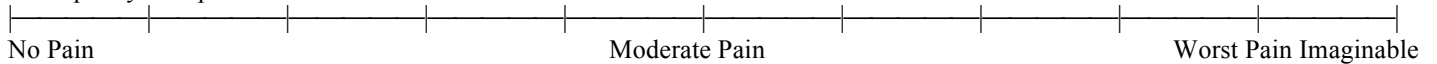
Goals for therapy: \_\_\_\_\_



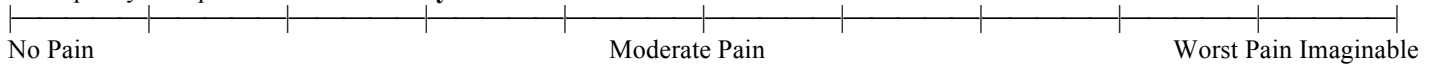
**Pain**

Please indicate on the drawing the areas where you feel pain. Shade darker where the pain is most intense.

The line below represents the intensity of the pain you are experiencing. Mark an "X" at the position on the scale that indicates how much pain you experience **at rest**.



The line below represents the intensity of the pain you are experiencing. Mark an "X" at the position on the scale that indicates how much pain you experience **with activity**.



Please indicate if you have a history of the following problems by checking the appropriate boxes. Use the back to specify details or to add medical history not addressed below.

Yes	No		Yes	No	
___	___	<b>Heart Condition</b>	___	___	<b>Cancer / Tumors</b>
___	___	<b>Cardiac Pacemaker</b>	___	___	<b>Circulation Problems</b>
___	___	<b>Ulcers</b>	___	___	<b>Sensation Problems</b>
___	___	<b>Diabetes</b>	___	___	<b>Respiratory Problems</b>
___	___	<b>Headaches</b>	___	___	<b>High Blood Pressure</b>
___	___	<b>Joint Replacements</b>	___	___	<b>Surgery</b>
___	___	<b>Neurological Conditions</b>	___	___	<b>Muscle Sprain / Strain / Tendonitis</b>
___	___	<b>Head injury</b>	___	___	<b>Gastrointestinal Problems</b>

Self-Assessment for Functional Capacity 0-10

0 = Fully unable

10= Fully able

Work \_\_\_\_\_

Daily Tasks \_\_\_\_\_

Leisure Activities \_\_\_\_\_

Mend Well therapists provide a wellness program. Our manual therapy techniques address the whole body in order to achieve optimal results for specific neuromusculoskeletal symptoms and complaints. Health insurance companies do not recognize wellness programs as medically necessary. Our services are private pay.

\_\_\_\_\_  
Client Signature