

## Intake Form

Osteopathy/Muscle Testing with Rashida Naraharasetti

Date \_\_\_\_\_

First, Middle, Last Name \_\_\_\_\_

DOB (yy/mm/dd) \_\_\_\_\_ Gender (opt) \_\_\_\_\_ Marital status (opt) \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_

How did you find out about our services? \_\_\_\_\_

What is the reason for seeking these services? \_\_\_\_\_

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What concerns do you have about your health and wellbeing? List in order of priority

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Medical/surgical History – (symptoms, diagnosis, treatment, outcome)

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List any current medications or medications used in the past \_\_\_\_\_

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Family history of any significant health issues \_\_\_\_\_

### In case of emergency

Name of a relative/friend \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ work phone \_\_\_\_\_

Note: We do not diagnose any condition or treat or heal any diagnosed conditions.

Thank you for completing the form