Ascending Health Patient Intake Form

Full Name: _____ **DOB:** _____

Address: _____

City: _____ **State :** _____ **Zip:** _____

Phone#: _____ **Email:** _____

Occupation: _____

Emergency Contact: _____ **Phone#:** _____

Physician: _____ **Phone#:** _____

Reason for Visit: _____

Medications: _____

Please indicate any current conditions:

☐ headaches	☐ allergies	☐ arthritis, tendonitis
☐ cancer	☐ TMJ	☐ abnormal skin condition
☐ heart/ circulation problems	☐ joint surgery	☐ high/low blood pressure
☐ major accident	☐ varicose veins	☐ blood clots
☐ neck / back injuries	☐ diabetes	☐ fibromyalgia
☐ numbness	☐ sprains, strains	☐ recent injuries

Do you have any other conditions not listed above: _____

Include any details that explains the causative factor (reason/etiology) of your condition(s). Include how long you've had it.

_____

_____

_____

_____

Patient Signature: _____ **Date :** _____