

# MUSCULOSKELETAL INTAKE

**Are you interested in:** *(select one)*

- Chiropractic Care  
 Massage Therapy  
 Both

**How did you hear about us? \***

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**Referring Provider (if none, write None): \***

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**Primary Care Provider (if none, write None): \***

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**Have you ever seen a spine specialist or orthopedist?** *(select one)*

- Yes  
 No

**Have you had previous chiropractic care?** *(select one)*

- Yes  
 No

**Have you had previous massage?** *(select one)*

- Yes  
 No

**Have you had any major bodily trauma or past injuries?** *(select one)*

- Yes  
 No

**If yes, what?**

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**Are you seeking treatment for a work injury or auto accident?** *(select one)*

- Yes, work injury
- Yes, auto accident
- Neither

## Symptom/Problem Area

**Describe your concern: \***

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**When did this begin? \***

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**What seemed to be the cause? \***

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**Have you ever had same or similar conditions?** *(select one)*

- Yes
- No

**Is it:** *(select one)*

- Constant
- Intermittent

**What % of the time is it present?** *(select one)*

- 0-25%
- 26-50%
- 51-75%
- 76-100%

**Is the condition progressively:** *(select one)*

- Improving
- Worsening
- Staying the same

**How would you describe what it feels like? (i.e. achy/sharp/dull/sore, etc.) \***

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**What is your average pain intensity on a scale of 0 to 10 (0 is none, 10 is worst?)**

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

**What makes this condition better? \***

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**What makes this condition worse? \***

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**Are there other symptoms along with this condition? (choose at least 1)**

- Numbness
- Tingling
- Weakness
- Headache
- Pain radiating down arm or leg
- Dizziness/loss of balance
- Change in bowel/bladder function
- Change in vision/hearing
- Nausea or vomiting
- Other
- None

**Please describe any additional symptoms:**

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**Have you sought evaluation or treatment for this? (select one)**

- Yes
- No

**How does this condition interfere with your activities? \***

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**SMS Consent**

By checking this box and providing your mobile phone number, you agree to receive recurring SMS messages from Maxwell Massage PLLC related to appointment reminders, scheduling, and customer care. Message frequency varies. Message and data rates may apply. Reply STOP to opt out or HELP for help. View our Privacy Policy: <https://www.maxwell-massage.com/legal/privacy-policy/>. Consent is not a condition of service.

**Please sign your name below \***

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Signature

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Date

I am the parent/guardian of this patient

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July 6, 2026