



Warren R. Barclay, DC

**BARCLAY CHIROPRACTIC**

Ryan J. Barclay, DC

5 Dracut Rd.  
Hudson, NH 03051

**Client Contact Information**

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: M F  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Referred by: \_\_\_\_\_  
Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Massage Information**

Have you ever received professional massage/bodywork before? Yes No

How recently? \_\_\_\_\_

What types of massage/bodywork do you prefer? \_\_\_\_\_

What kind of pressure do you prefer? Light Medium Firm

What are your goals/expected outcomes for receiving massage/bodywork? \_\_\_\_\_

How do you feel today? \_\_\_\_\_

List and prioritize your current symptoms/issues (stress, pain, stiffness, numbness/tingling, swelling, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Do these symptoms interfere with your activities of daily living (e.g., sleep, exercise, work, childcare)?  
Yes No

Explain: \_\_\_\_\_

List the medications you currently take: \_\_\_\_\_

Are you wearing contacts? Yes No Are you wearing dentures? Yes No

Are you pregnant? Yes No

**Health History**

Have you had any injuries or surgeries in the past that may influence today's treatment?

\_\_\_\_\_

