CLIENT HISTORY INTAKE FORM ADDENDUM FOR:
MACSL THERAPY

Directions: Please write out answers below questions and number answers to correspond to question being answered. Use extra paper if needed.

1. Where is the pain you are experiencing now?

2. Have you ever had any autoimmune disease? If so please explain what kind and briefly how it affected you.

3. Have you ever had any cancer: If so, please explain what kind and briefly describe what surgeries, treatments you had and how it affected you. If you are still currently dealing with cancer please explain stage you are at now.

4. Have any family members had any autoimmune disease? If so please explain how related and what kind and briefly how it affected them as far as you know. No names please.

5. Have any family members had any cancer: If so, please explain how related, what kind. If you know the basic symptoms and surgeries and feel comfortable sharing that can be useful information. Keep in mind I don't want any names.

Write Answers below: