



James T. Burr, M.Ac., L.Ac.

Sound Holistic Health
2804 Grand Ave Suite 300
Everett, WA 98201
425-258-4633
jimburr@gmail.com

Patient Intake Form

Please complete this form as thoroughly as possible; all answers are confidential.

GENERAL INFORMATION

Name _____ Gender ☐ M ☐ F Date _____

Address _____ City _____ State _____ Zip _____

Email _____

Phone: ☐ Home _____ ☐ Work _____ ☐ Cell _____
(please indicate preferred contact number)

Occupation _____ Employer _____

Date of Birth _____ Age _____ Height _____ Weight _____

☐ Single ☐ Married ☐ Partnered ☐ Widowed ☐ Separated/Divorced

Emergency contact _____ Relation _____

Emergency contact number: Home _____ Cell _____

Name of physician _____ Phone number _____
(No contact will be made without your permission)

Your signature _____

GOALS — What health concerns would you like to address through treatment

LIFESTYLE HABITS

Alcohol (drinks per week) _____ Coffee/Tea (cups per day) _____ Soda (regular or diet) _____

Cigarettes (packs per day) _____ Drug use (recreational) _____

Exercise ☐ Yes ☐ No How often? _____

What kind of exercise? _____