

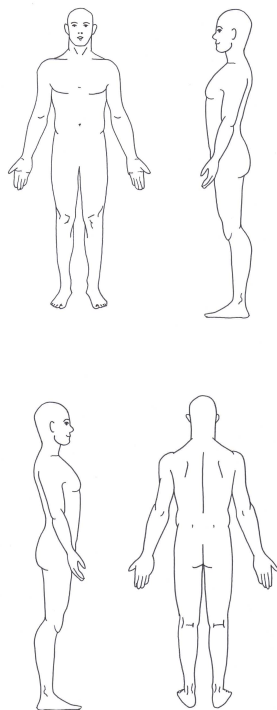
# CONFIDENTIAL CLIENT HISTORY



NAME	BIRTH DATE (M/D/Y)	
ADDRESS	CITY	POSTAL CODE
PHONE NUMBER	EMAIL	
GENDER	HEIGHT	WEIGHT

## GENERAL INFORMATION

CIRCLE ON THE DIAGRAM WHERE YOU ARE EXPERIENCING ANY SORENESS OR PROBLEMS



OCCUPATION

---

SPORTS

---

HOBBIES

---

DESCRIBE YOUR SLEEP PATTERNS

---



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DO YOU HAVE DIFFICULTY LAYING IN A CERTAIN POSITION?

---

LIST SURGERIES IN THE LAST 5 YEARS

---

LIST ANY SERIOUS OR LASTING TRAUMA

---

ANY OTHER HEALTH OR MEDICATION INFORMATION

---

HAVE YOU HAD A MASSAGE BEFORE?

YES  NO

WHAT WAS YOUR EXPERIENCE?

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ARE YOU RECEIVING TREATMENT FROM ANY OTHER HEALTH CARE PROFESSIONAL?

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> PHYSICIAN          | <input type="checkbox"/> CHIROPRACTOR |
| <input type="checkbox"/> PHYSICAL THERAPIST | <input type="checkbox"/> ACUPUNCTURE  |
| <input type="checkbox"/> NATUROPATH         | <input type="checkbox"/> OTHER        |

## INDICATE CONDITIONS CURRENTLY OR RECENTLY EXPERIENCED

### INFECTIOUS CONDITIONS (PRESENT TODAY)

- SKIN (RASH, WORTS, OPEN SORES, HERPES, OR SIMILAR)
- RESPIRATORY (COMMON COLD, BRONCHITIS)
- SYSTEMIC (HEPATITIS, HIV/AIDS, FLU OR SIMILAR)

MEDICATIONS TAKEN FOR THESE CONDITIONS:

COMMENTS:

### SKIN CONDITIONS (NON-CONTAGIOUS)

- ECZEMA       PSORIASIS       CONTACT ALLERGIES

LIST MEDICATIONS TAKEN FOR THESE CONDITIONS:

COMMENTS:

PLEASE INFORM YOUR THERAPIST IF YOU ARE CURRENTLY EXPERIENCING A "FLARE-UP" OF ANY INFECTIOUS CONDITION

continued on next page

INDICATE CONDITIONS CURRENTLY OR RECENTLY EXPERIENCED

CARDIOVASCULAR

- High Blood Pressure, Low Blood Pressure, Varicose Veins, Chronic Congestive Heart Failure, Heart Disease, Heart Attack, Stroke, Phlebitis

LIST MEDICATIONS TAKEN FOR THESE CONDITIONS

COMMENTS

HEAD AND NECK

- Dizziness, Vision Problem, History of Migraine Headache, History of Stress Headache, Ear Problems, Hearing Loss, Vision Loss

LIST MEDICATIONS TAKEN FOR THESE CONDITIONS

COMMENTS

RESPIRATORY

- Emphysema, Chronic Cough, Shortness of Breath, Allergies, Asthma, Bronchitis

LIST MEDICATIONS TAKEN FOR THESE CONDITIONS

COMMENTS

MUSCLE/JOINT/BONE

- Rheumatoid Arthritis, Fractures/Sprains, Wires/Plates/Pins, Osteoporosis, Osteoarthritis, Scoliosis

LIST MEDICATIONS TAKEN FOR THESE CONDITIONS

COMMENTS

DIGESTIVE

- Crohn's Disease, Constipation, Colitis, Ulcers, Liver Disease, IBS

LIST MEDICATIONS TAKEN FOR THESE CONDITIONS

COMMENTS

WOMEN

- Pregnancy Due Date, Pregnancy Complications, Gynecological Problems, Menstrual Problems, Menopausal Problems

LIST MEDICATIONS TAKEN FOR THESE CONDITIONS

COMMENTS

OTHER CONDITIONS

- Diabetes, Epilepsy, Cancer, Hemophilia, Fibromyalgia, Chronic Fatigue, Kidney Disease, Polio/Post-Polio

LIST MEDICATIONS TAKEN FOR THESE CONDITIONS

COMMENTS

WAIVER

I, \_\_\_\_\_ RELEASE THE MESSAGE PRACTITIONER FROM ANY AND ALL LIABILITY FROM PROBLEMS ARISING FROM THE TREATMENT AS A RESULT OF INFORMATION NOT GIVEN, OR INCORRECTLY GIVEN IN THIS PATIENT HISTORY. BECAUSE MY PERSONAL AND MEDICAL INFORMATION IS CONFIDENTIAL, I UNDERSTAND THAT THIS INFORMATION WILL BE SEEN ONLY BY THE PRACTITIONER, UNLESS I GIVE MY CONSENT IN WRITING.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_