

## Client Information

### General Information

First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_ Emergency Contact: \_\_\_\_\_ Ph: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

Occupation / Daily Activities: \_\_\_\_\_

Current Health Goals: \_\_\_\_\_

### Current Health Conditions

#### Musculo-Skeletal

- Artificial Joint: Hip / Knee / Shldr
- Arthritis: osteo / rheumatoid
- Headache: front / back / side
- Jaw pain / TMJ Disorder
- Joints: fusion / pain / swelling
- Osteoporosis / Osteopenia
- Strain / Sprain
- Tendinitis

#### Circulatory & Respiratory

- Asthma / Sleep Apnea / Bronchitis
- Blood clot
- Heart condition
- High blood pressure
- Stroke
- Varicose veins

#### Skin

- Rash / Allergy
- Warts

#### Digestive

- Acid reflux or Gastric ulcer
- Diverticulitis
- Gastric Band/Sleeve/Bypass
- Irritable Bowel Disease

#### Nervous System

- Concussion / Traumatic Brain Injury
- Fibromyalgia / Complex Regional Pain Syndrome / Post-COVID symptoms
- Herpes / Shingles
- Multiple Sclerosis / Parkinson's / Lupus
- Other: \_\_\_\_\_

#### Other

- Diabetes
- Cancer
- Implanted Medical Device: \_\_\_\_\_

Accidents (0→5 years ago): \_\_\_\_\_

Surgeries (0→1 year ago): \_\_\_\_\_

What else would you like us to know? \_\_\_\_\_

### Acknowledgements & Policies

- I certify that this current health care information is accurate.
- **I acknowledge that 24 hours' notice is required for cancellation and rescheduling. Less notice may result in a \$60 charge.**

Mark Your Area(s) of Concern with Circle or X.



Signature: \_\_\_\_\_

Personal Pronouns: \_\_\_\_\_

Date: \_\_\_\_\_