

HEALTH HISTORY FORM

The information requested below will help us to treat you safely. Please note that all information will be kept confidential unless required by law. Your written permission will be required to release any information.

Name:

Address:

Email:

Phone:

Date of Birth:

Occupation:

How did you hear about us?

Please indicate by circling the conditions you are experiencing or have experienced:

<p>Soft Tissue Discomfort</p> <ul style="list-style-type: none"> • neck • shoulders • upper/mid/low back • arms • hips • legs • knees • ankles • other: <p>Skin</p> <ul style="list-style-type: none"> • bruise easily • plantar warts • eczema • psoriasis <p>Respiratory</p> <ul style="list-style-type: none"> • asthma • bronchitis • other: 	<p>Head/Neck</p> <ul style="list-style-type: none"> • vision problems • hearing problems • migraines • headaches <p>Conditions</p> <ul style="list-style-type: none"> • arthritis • constipation/diarrhea • loss of sensation <p>location:</p> <ul style="list-style-type: none"> • diabetes <p>type:</p> <ul style="list-style-type: none"> • epilepsy • allergies <p>type:</p> <ul style="list-style-type: none"> • cancer <p>type:</p> <ul style="list-style-type: none"> • other: 	<p>Infections</p> <ul style="list-style-type: none"> • hepatitis • tuberculosis • HIV/AIDS <p>Women</p> <ul style="list-style-type: none"> • pregnant - due: • menopausal • other: <p>Cardiovascular</p> <ul style="list-style-type: none"> • high blood pressure • low blood pressure • heart attack • stroke • varicose veins • pace maker • heart disease <p>type:</p>
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What is the chief complaint?

1. Have you received massage therapy before? yes or no

2. Are you currently receiving another form of health care?
(Chiropractic, Physiotherapy, etc.) yes or no

3. Did a health care practitioner refer you for massage therapy?
If yes, provide their name and clinic/facility: yes or no

4. Name and address of primary care physician:

Current Meds - type and condition it treats:

Emergency contact and phone:

The Calm would like to stay in touch with you via email.

If interested you will receive updates about relevant clinic information such as changes in clinic hours, new staff members, etc.

These emails will be infrequent and you can opt out at any time.

Would you like to be added to our email list?

Yes

No