

Name \_\_\_\_\_

Today's Date \_\_\_ / \_\_\_ / \_\_\_ Your birth Date \_\_\_ / \_\_\_ / \_\_\_

Address \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone - Home \_\_\_\_\_

His/her phone \_\_\_\_\_

Phone - Work \_\_\_\_\_ Cell \_\_\_\_\_

Family Physician \_\_\_\_\_

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

Date of last physical exam \_\_\_ / \_\_\_ / \_\_\_ Married (Y/N) \_\_\_

PROBLEMS YOU'VE OBSERVED - CHECK IF OCCASIONAL, CIRCLE ITEMS THAT ARE FREQUENT OR SEVERE.

- HEAD & NECK*
- Frequent headaches
  - Neck pain/tightness
  - Lumps or swelling
  - \_\_\_\_\_

- DIGESTIVE*
- Bloating Stomach
  - Constipation
  - Loose bowels
  - \_\_\_\_\_

- CARDIOVASCULAR*
- High blood pressure
  - Low blood pressure
  - Swelling in feet or ankles
  - Leg cramps
  - \_\_\_\_\_

- EYES*
- Wear Glasses
  - Wear Contacts
  - \_\_\_\_\_

- FEMALE GENITRO/URINARY*
- Lump or pain in breasts
  - Pregnant Due \_\_\_ / \_\_\_ / \_\_\_
  - Menstrual cramps
  - \_\_\_\_\_

- SKIN*
- Bruise easily
  - Open cuts or sores
  - Skin allergies
  - Tender areas on skin
  - \_\_\_\_\_

- MUSCULOSKELETAL*
- Aching muscles
  - Aching joints
  - Low back pain
  - Shoulder pain
  - Painful feet
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

- MALE GENITRO/URINARY*
- Painful/slow urination
  - Nighttime urinary frequency
- RESPIRATORY*
- Asthma/bronchitis
  - Easily out of breath
  - \_\_\_\_\_
  - \_\_\_\_\_

- NERVOUS SYSTEM*
- Difficulty in relaxing
  - Difficulty in sleeping
  - \_\_\_\_\_
- OTHER*
- \_\_\_\_\_

Accidents you have had - automobile? childhood? industrial? \_\_\_\_\_

PROBLEMS DIAGNOSED BY A DOCTOR - CIRCLE IF CURRENTLY BEING TREATED, CHECK IF TREATED IN THE PAST.

- Broken bones (which bones)  
\_\_\_\_\_
- Sprain/dislocation (which joint)  
\_\_\_\_\_
- Arthritis/rheumatism
- Fibrositis/fibromyalgia
- Bursitis

- Diabetes
- Heart disease (what type)  
\_\_\_\_\_
- Kidney/bladder/prostate
- Stroke/CVA
- Sciatica
- Hypertension

- Tumors/cancer (where)  
\_\_\_\_\_
- Tuberculosis
- Epilepsy
- Ulcer/colitis/diverticulitis
- \_\_\_\_\_
- \_\_\_\_\_

CHECK FREQUENT BODY POSITIONS OR MOVEMENTS

- Standing
- Sitting
- Stooping
- Bending
- Kneeling
- Lifting
- Driving
- Other (list below)

Which movements cause a problem \_\_\_\_\_

Occupation \_\_\_\_\_ Sports \_\_\_\_\_

Your Current Problem \_\_\_\_\_

Why did you select massage therapy? \_\_\_\_\_