Nancy H. Culver, LMT
308 Tequesta Dr. Ste. 7, Tequesta, FL 33469
(561)236-0987

HEALTH HISTORY FORM

Name____
Address____
Phone____
Email address____
Date of Birth_________________________________
Referred by____
Major Reason for therapy Today____
____
Are you currently under Doctor's Care? ______________________________________
Are you having any other therapy? ____

Have you had or do you have any of the following conditions?
Cancer_______________________ Pre/Diabetes _____________ Headaches ______________
Organ Problem-(which one)________________________ Low Energy________________
Teeth Trouble_____________ Allergies____________________ High Blood Pres __________
GYN problems____________ Neck/Back Injury __________________________ Blood Clots_____
Hepatitis ________ Skin Problems___________ Heart Disease____________ Asthma____________
Problems Sleeping__________________ Gland Problem_____________
Pharmaceuticals____
Major Surgeries____
Other ____
Are you taking any of the following?
Vitamins____ Tylenol ____ Advil _____ Aspirin _____ Laxatives _____ Herbs _____
Juice Plus____ Antidepressant____ Inhaler_____ Sedative______

Do you exercise and stretch? ____
Do you drink water? How much? ____

Please give 24-hour notice of cancellation if you are unable to keep your appointment. If a <u>24-hour</u> notice is not given there will be a charge against your account.

By signing this form you give Nancy permission to work on you and tell you what she finds
The above information is correct,

Signature____Date___________________