Health History Form

The information request below will assist me in treating you safely. Feel free to ask any questions about the information being requested. Please note that all information will be kept confidential unless allowed by you or required by law. Your written permission will be required to release any information.

Name:_____Phone#_____

Address:_____

Occupation:_____Date of Birth:_____

Preferred pronouns (optional):_____

How were you referred to this clinic?_____

Do you see other health care practitioners?_____

Have you had experience with bodywork in the past?_____

What is the reason you are seeking treatment?_____

_____

Medications:_____

_____

Surgeries / Injuries_____

_____

Internal pins, wires, artificial joints?_____

How is your general health?_____

Women: If pregnant, due date:_____

Gynaecological Conditions:_____

Please circle any of the following conditions that you are experiencing now or that you experienced in the past:

Cardiovascular: High / Low Blood Pressure * Congestive Heart Failure * Heart Attack Phlebitis / Varicose Veins * Stroke * Pacemaker * Heart Disease

Respiratory: Chronic Cough * Shortness of Breath * Bronchitis * Asthma * Emphysema

Infectious: Hepatitis * TB * Skin Conditions * HIV * Shingles * Other_____

Head / Neck: Headaches * Migraines * Vision Problems * Vision Loss * Ear Problems Hearing Loss

Other Conditions: Diabetes * Epilepsy * Allergies * Skin Conditions * Osteoarthritis or Rheumatoid Arthritis * Osteoporosis * Osteopenia * Loss of Sensation * Neuralgia

Anything Else:_____

_____

Please Circle if you have any tension, stiffness, pain in the following areas:

Face * Head * Neck * Shoulder: Left / Right

Upper Arm: Left / Right * Forearm: Left / Right * Elbow: Left / Right

Wrist: Left / Right * Hand: Left/Right

Chest * Abdomen * Upper Back * Mid-Back * Low Back

Pelvis * Hip: Left / Right * Thigh: Left / Right * Knee: Left / Right

Lower Leg: Left / Right * Ankle: Left / Right * Feet: Left / Right

I give Nicola Usher consent to treatment and I understand that I have the right to stop treatment or ask questions at any time during the session.

Date:_____Signature:_____

I give Nicola Usher consent to contact me for the purpose of booking appointments or receiving information through phone or email and understand that I can withdraw this permission at any time. Initial:_____