

INCLEDON CHIROPRACTIC - MOORE WELLNESS
6609 WOOLBRIGHT RD. SUITE 414
BOYNTON BEACH, FL 33437
PHONE 561-865-8390



Confidential Health History

Please write or print clearly

Name: _____

Address: _____

Email address: _____ How often do you check email? _____

Telephone – Work: _____ Home: _____ Cell: _____

Age: _____ Height: _____ Date of Birth: _____ Place of Birth: _____

Current weight: _____ Weight six months ago: _____ One year ago: _____

Would you like your weight to be different? _____ If so, what? _____

Relationship status: _____

Children: _____ Pets: _____

Occupation: _____ Hours of work per week: _____

Please list your main health concerns: _____

Other concerns and/or goals? _____

Any serious illnesses/hospitalizations/injuries? _____

How is the health of your mother? _____

How is the health of your father? _____

What is your ancestry? _____ What blood type are you? _____

Do you sleep well? _____ How many hours? _____ Do you wake up at night? _____

Why? _____



Any pain, stiffness or swelling?

Allergies or sensitivities? Please explain: _____

Do you take any supplements or medications? Please list: _____

Any healers, helpers or therapies with which you are involved? Please list: _____

Anything else you want to share?

Waiver and Release

I, the undersigned understand that this healing session involves a natural method of energy balancing (possibly hands-on if Reiki) for the purpose of pain management, stress reduction and relaxation. I understand very clearly that a healing session is not a substitute for medical, or psychological diagnosis, and treatment. I understand that Reiki and Pranic Healing practitioners do not diagnose conditions, nor do they prescribe, perform medical treatment, nor prescribe substances, nor interfere with the treatment of a licensed medical professional. It is recommended that I see a licensed physician, or licensed health care professional for any physical, or psychological ailment I have. I understand that the practitioner will only be placing hands on with consent and otherwise will be hovering just above my body during the Reiki session.

Signature _____ Date _____