

# Client's Medical History

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Age \_\_\_\_\_ Gender M \_\_\_ F \_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Type \_\_\_\_\_  
Relationship M \_\_\_ S \_\_\_ D \_\_\_ W \_\_\_ Number of children \_\_\_\_\_ Pregnant? Y \_\_\_ N \_\_\_  
Occupation \_\_\_\_\_ Hours per workweek \_\_\_\_\_  
Favorite pastime(s) \_\_\_\_\_  
Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

**Please check/list all of the following that apply to you, either presently or in the past:**

Head Injuries? N \_\_\_ Y \_\_\_ explain \_\_\_\_\_

Major Body Injuries? N \_\_\_ Y \_\_\_ explain \_\_\_\_\_

Major Illnesses/Diseases? N \_\_\_ Y \_\_\_ explain \_\_\_\_\_

Surgeries? N \_\_\_ Y \_\_\_ explain \_\_\_\_\_

Disabilities? N \_\_\_ Y \_\_\_ explain \_\_\_\_\_

Heart conditions? N \_\_\_ Y \_\_\_ explain \_\_\_\_\_

Liver conditions? N \_\_\_ Y \_\_\_ explain \_\_\_\_\_

Kidney conditions? N \_\_\_ Y \_\_\_ explain \_\_\_\_\_

Lung conditions? N \_\_\_ Y \_\_\_ explain \_\_\_\_\_

Skin conditions? N \_\_\_ Y \_\_\_ explain \_\_\_\_\_

Varicose Veins? N \_\_\_ Y \_\_\_ explain \_\_\_\_\_

Osteoporosis? N \_\_\_ Y \_\_\_ explain \_\_\_\_\_

Arthritis? N \_\_\_ Y \_\_\_ explain \_\_\_\_\_

Joint Degeneration? N \_\_\_ Y \_\_\_ explain \_\_\_\_\_

Disc Bulge/Herniation? N \_\_\_ Y \_\_\_ explain \_\_\_\_\_

Allergies? N \_\_\_ Y \_\_\_ explain \_\_\_\_\_

Migraines? N \_\_\_ Y \_\_\_ explain \_\_\_\_\_

Corrective Lenses? N \_\_\_ Y \_\_\_ Other Eyesight Issues? \_\_\_\_\_

Medical Device Implants? N \_\_\_ Y \_\_\_ explain \_\_\_\_\_

Metal Plates or Screws? N \_\_\_ Y \_\_\_ where? \_\_\_\_\_

Recent Infections or Fevers? N \_\_\_ Y \_\_\_ explain \_\_\_\_\_

Blood Pressure High \_\_\_ Low \_\_\_ Normal \_\_\_ Diabetes? N \_\_\_ Y \_\_\_ Bruise easily? N \_\_\_ Y \_\_\_

List any MEDICATIONS you are on: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any SUPPLEMENTS or SPECIAL DIETS you are on: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List anything else I should know about your health: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_