KARUNA
Integrated Wellness & Spa

Name _____ Pronouns _____

Address _____

Email _____

Phone _____ DOB _____

Major concern/Area to improve: _____

What aggravates the condition? _____

What have you done to treat the condition?

- ○ Massage
- ○ Acupunture
- ○ Mental Health/Energy Healing
- ○ PT/Chiropractor
- ○ Surgery/Medicine
- ○ Other, explain: _____

**Are you under the care of a physician?** ○ **No** ○ **Yes, Explain:** _____

**Please list any allergies:** _____

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**For Hypnosis Appointments, Please Continue Below & Back:**

| | |
|---|---|
| Relationship status & length | Name of spouse/significant other |
| Name & ages of children | Occupation |

## Hobbies & Interests: _____

## Values & Beliefs: _____

## To do List: _____

## *Goals*

Short Term Goal: _____

Long Term Goal: _____

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*"I hereby acknowledge that I have provided complete and accurate information to the best of my knowledge, and I understand that the information provided will be used for assessment and treatment purposes in accordance with applicable privacy laws and regulations."*

_____ _____

Signature Date

KARUNA
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CHECK THE FOLLOWING CONDITIONS THAT APPLY TO YOU, PAST AND PRESENT

## Musculo-Skeletal

- [ ] Headaches
- [ ] Neck pain/Stiffness
- [ ] Joint Stiffness/Swelling
- [ ] Broken/Fractured Bones
- [ ] Strains/Sprains
- [ ] Back/Hip Pain
- [ ] Shoulder/Arm/Hand Pain
- [ ] Leg/Ankle/Foot Pain
- [ ] Chest/Ribs Pain/Tightness
- [ ] Abdominal Pain
- [ ] Problems Walking
- [ ] Jaw Pain
- [ ] Tendonitis
- [ ] Bursitis
- [ ] Arthritis
- [ ] Osteoporosis
- [ ] Scoliosis
- [ ] Bone or Joint Disease
- [ ] Tension
- [ ] Weakness
- [ ] Rupture
- [ ] Other

## Nervous System

- [ ] Numbness/Tingling
- [ ] Twitch of Face
- [ ] Nervousness
- [ ] Irritability
- [ ] Fatigue
- [ ] Light Sensitivity
- [ ] Ear Ringing/Buzzing
- [ ] Chronic Pain
- [ ] Loss of Smell/Taste
- [ ] Sleep Disorders
- [ ] Loss of Balance
- [ ] Loss of Memory
- [ ] Ulcers
- [ ] Paralysis
- [ ] Herpes/Shingles
- [ ] Cerebral Palsy
- [ ] Epilepsy
- [ ] Chronic Fatigue Syndrome
- [ ] Multiple Sclerosis
- [ ] Muscular Dystrophy
- [ ] Parkinson'sDisease
- [ ] Spinal Cord Injury
- [ ] Lyme disease
- [ ] Concussion
- [ ] Other

## Circulatory & Respiratory

- [ ] Shortness of Breath
- [ ] Dizziness
- [ ] Fainting
- [ ] Cold Feet/Hands
- [ ] Cold Sweats
- [ ] Swollen Ankles
- [ ] Pressure Sores
- [ ] VaricoseVeins
- [ ] Blood Cots
- [ ] Stroke
- [ ] Heart Condition
- [ ] Heart Disease
- [ ] Allergies
- [ ] Sinus Problems
- [ ] Asthma
- [ ] High Blood Pressure
- [ ] Low Blood Pressure
- [ ] Lymphedema
- [ ] Fever
- [ ] Cough Blood
- [ ] Other

## Digestive

- [ ] Nervous Stomach
- [ ] Indigestion
- [ ] Constipation
- [ ] Intestinal Gas/Bloating
- [ ] Diarrhea
- [ ] Diverticulitis
- [ ] Irritable Bowel Syndrome
- [ ] Crohn's disease
- [ ] Ulcers/Colitis
- [ ] Adaptive Aids
- [ ] Gall Bladder Issues
- [ ] Other

Alcohol use:
Nicotine use:
Caffeine use:
Drug use:
Infectious Disease:
Other Congenital Disease
or Acquired Disabilities (Please list)
List Surgeries:

## Skin

- [ ] Rashes
- [ ] Allergies
- [ ] Athlete's Foot
- [ ] Warts
- [ ] Moles
- [ ] Acne
- [ ] Cosmetic Surgery
- [ ] Other

## Reproductive System

- [ ] PMS
- [ ] Menopause
- [ ] Pelvic Inflammation
- [ ] Endometriosis
- [ ] Hysterectomy
- [ ] Fertility Concerns
- [ ] Prostate Problems
- [ ] Erectile Dysfunction
- [ ] STDs
- [ ] Sexual Concerns
- [ ] Other
- [ ] Pregnancies

| | |
|---|---|
| Total: | |
| Live Births: | |
| Vaginal births? | |
| C-Section? | |
| Complications? | |
| Full term? | |

## Other

- [ ] Loss of Appetite
- [ ] Forgetfulness
- [ ] Confusion
- [ ] Depression
- [ ] Difficulty Concentrating
- [ ] Weight Loss/Gain
- [ ] Hearing Impaired
- [ ] Visually Impaired
- [ ] Painful Urination
- [ ] Difficulty Urinating
- [ ] Bladder Infection
- [ ] Eating disorder
- [ ] Diabetes
- [ ] Fibromyalgia
- [ ] Cancer
- [ ] Pacemaker
- [ ] Other Congenital Disease(Please List)

Please add additional comments

I have stated all conditions that I am aware of and this Information is true and accurate.
I will inform the practitioner of any changes in my status.

Signature _____ Date _____