

HEALTH QUESTIONNAIRE - PLEASE PRINT CLEARLY

Name _____ Date _____
 Address _____ Weight _____
 _____ Height _____
 Phone (H) _____ (W) _____ Date of Birth _____
 Occupation _____

Do you have any of the following conditions/illnesses/problems? Circle (Y) for yes or (N) for no

- | | | | | | |
|---------------------------------|---|---|-------------------------------|---|---|
| 1. Heart Condition | Y | N | 15. Asthma | Y | N |
| 2. High/Low Blood Pressure | Y | N | 16. Sinus Trouble | Y | N |
| 3. Hemophilia (blood disorder) | Y | N | 17. Stroke | Y | N |
| 4. Diabetes | Y | N | 18. Venereal Disease | Y | N |
| 5. Cancer/Tumor | Y | N | 19. Contact Lenses | Y | N |
| 6. Epilepsy/Seizures | Y | N | 20. Dentures/Removable Bridge | Y | N |
| 7. Thyroid Problems | Y | N | 21. I.U.D. | Y | N |
| 8. Osteoporosis (bone mass) | Y | N | 22. Pregnancy | Y | N |
| 9. Osteomyelitis (bone disease) | Y | N | 23. Headaches/Migraines | Y | N |
| 10. Joint Replacement | Y | N | 24. HIV Positive | Y | N |
| 11. Anemia | Y | N | 25. Hepatitis | Y | N |
| 12. Arthritis | Y | N | 26. Ulcers | Y | N |
| 13. Tuberculosis | Y | N | 27. Other, explain below | | |
| 14. Phlebitis | Y | N | _____ | | |

22. Are you presently under the care of a medical physician/chiropractor/therapist? Y N

If yes, for what? _____

If not, date of last physical _____

What medications have you taken in the past 6 months? _____

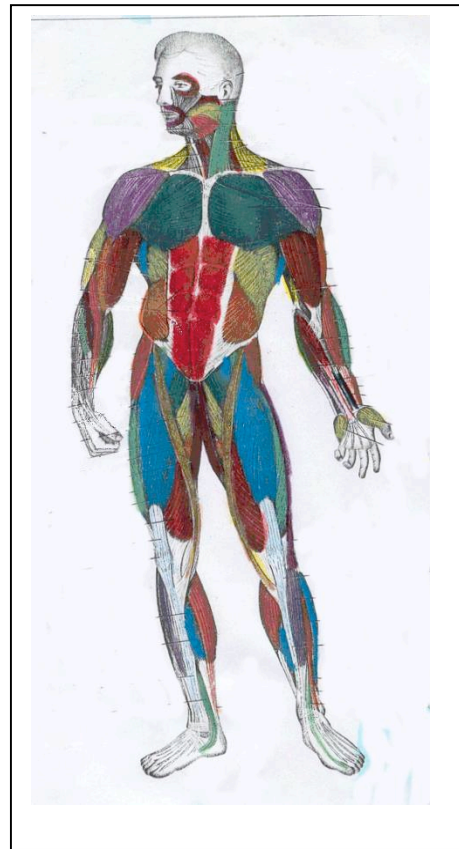
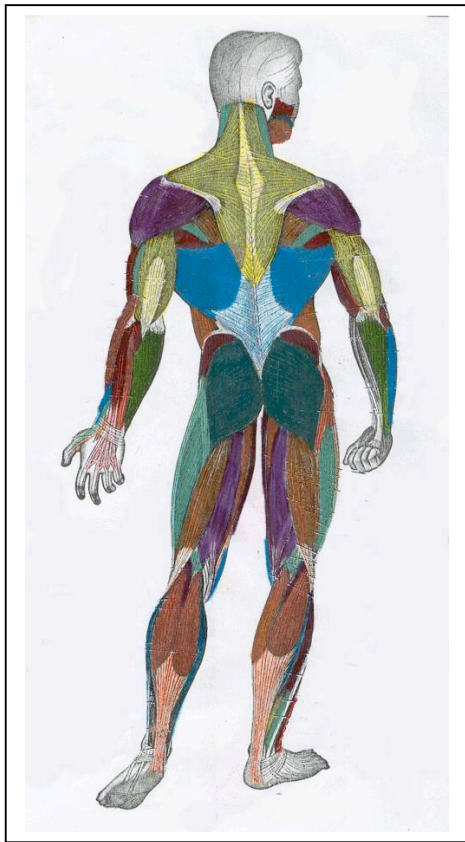
23. Do you have any chronic bodily discomfort? _____

24. What is your current exercise program and diet? _____

25. What is your previous bodywork/massage experience, including how frequent?

26. What do you hope to gain from Rolwing®? _____

Please number the areas of the body that you have had injuries, accidents, and surgeries.



Please explain...

No	Year	Description
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

I certify that the above information is true and accurate to the best of my knowledge.

Signature of Client

Date

Signature of Client or Guardian if under 18 yr. of age

Date