## **Client Intake and Medical History**

Name:	_Today's Date:			
Address:				
Email:	Phone:h/w/c			
Is it OK to send texts to this phone number?	Y N May I leave detailed messages at this phone number? Y N			
Age:Date of Birth:	Height:Weight:Sex: M F Marital Status: S M D W			
Emergency contact:				
Are you under the care of a physician? If ye	s, what for?			
Physician's name:	Phone:			
Have you ever had a professional massage of	or Myofascial Release session? How long ago?			
• • • • • • • • • • • • • • • • • • • •	conditions (fibromyalgia, arthritis, stress, etc) are you seeking care for today? did it begin? Please describe your symptoms as specifically as possible. er symptoms on the human figure below:			
If there is more than one issue, which is of highest priority to you?				

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Medication:	For treatment of:	Dosage:	Effectiveness:
o you have a pacemaker, i	nternal defibrillator, insulin pur	mp, metal fixator, or any other imp	lanted medical device?
urgeries or hospitalization	s, including approximate dates:		
accidents, injuries or traum	nas, including approximate date	es:	
Are you currently pregnant	? Y N Past pregnancies, ces	areans or episiotomies?	
re there any areas of your	life that are particularly stressf	ful?	
		kind?	
•			
oes your job require you t	o perform repetitive movemen	its or sit for long periods of time?_	
lease "check off" any cond	litions you currently have and "	'X" any you have had in the past:	
Head injury	Cancer	Hemorrhaging	Eating disorder
Asthma	Diabetes (I or II)	Nausea or vomiting	PTSD
Bronchitis	Aneurysm	Irritable Bowel Syndrome	Anxiety
Shallow breathing	Cardiovascular disease	Diarrhea	Depression
Shortness of breath	High blood pressure	Constipation	Numbness
Dizziness	High cholesterol	Heartburn or indigestion	Paralysis
Ears ringing	Stroke	Urinary problems	Multiple Sclerosis
Sinus problems	Blood clots	Skin rashes / eruptions	Menstrual problems
Headaches	Irregular heart beat	Psoriasis	Uterine fibroids
Allergies	Heart racing	Ringworm / athlete's foot	Degenerative discs
Osteoarthritis	Always hot or cold	Varicose veins	Hip/leg pain
Rheumatoid Arthritis	Poor circulation	Herpes	Neck pain
Stiff, aching joints	Chest pain	Cirrhosis of the liver	Back pain
Stiff, aching muscles	Heart attack	Hepatitis / liver disease	Fibromyalgia
Jaw tightness (TMJ)	Bruise easily	Hernia	Lupus
Neurological disorder	Osteoporosis	Thyroid condition	HIV
Visual disturbances	Black outs	Poor sleep	Drug/alcohol abuse
Glasses / contact lens	Epilepsy	Mental health disorder	Other
lease describe:			
rease describe:			
CERTIFY. TO THE BEST OF	MY KNOWLEDGE. THAT THE AI	BOVE INFORMATION IS COMPLETE	& TRUF. IF MY
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