

Please list any medications or health supplements you are currently taking:

Medication:	For treatment of:	Dosage:	Effectiveness:

Do you have a pacemaker, internal defibrillator, insulin pump, metal fixator, or any other implanted medical device?

Surgeries or hospitalizations, including approximate dates: _____

Accidents, injuries or traumas, including approximate dates: _____

Are you currently pregnant? Y N Past pregnancies, cesareans or episiotomies? _____

Are there any areas of your life that are particularly stressful? _____

How many hours of exercise do you get each week? What kind? _____

Does your job require you to perform repetitive movements or sit for long periods of time? _____

Please "check off" any conditions 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

Please describe: _____

I CERTIFY, TO THE BEST OF MY KNOWLEDGE, THAT THE ABOVE INFORMATION IS COMPLETE & TRUE. IF MY MEDICAL/HEALTH STATUS CHANGES I WILL INFORM THE THERAPIST IMMEDIATELY.

Signature: _____ Date: _____