

ABOUT YOUR HEALTH

The human body is designed to be healthy. I am dedicated toward achieving the goal of optimal and lasting health for my clients. To better help achieve this, I need to understand your complete health history. Please take a few moments to answer the following questions.

HEALTH CONDITIONS

Please CHECK any of the following that you currently have or CIRCLE if you have had in the past.

MUSCULOSKELETAL	CIRCULATORY	RESPIRATORY
<input type="checkbox"/> Spinal Problems <input type="checkbox"/> Tendonitis/Bursitis <input type="checkbox"/> Arthritis/Gout <input type="checkbox"/> Other: _____	<input type="checkbox"/> Heart Condition <input type="checkbox"/> Phlebitis/Varicose Veins <input type="checkbox"/> High/Low Blood Pressure <input type="checkbox"/> Other: _____	<input type="checkbox"/> Breathing Difficulty/Asthma <input type="checkbox"/> Emphysema <input type="checkbox"/> Sinus Problems <input type="checkbox"/> Other: _____
SKIN	NERVOUS SYSTEM	OTHER
<input type="checkbox"/> Rashes <input type="checkbox"/> Allergies <input type="checkbox"/> Other: _____	<input type="checkbox"/> Shingles <input type="checkbox"/> Numbness/Tingling _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Chronic fatigue <input type="checkbox"/> Sleep disorders <input type="checkbox"/> Migraines/Headaches <input type="checkbox"/> Chronic pain <input type="checkbox"/> Anxiety/Stress/Depression <input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer/Tumors _____
DIGESTIVE	REPRODUCTIVE	
<input type="checkbox"/> Irritable Bowel Syndrome <input type="checkbox"/> Ulcers <input type="checkbox"/> Other: _____	<input type="checkbox"/> Prostate <input type="checkbox"/> Pregnant: Stage _____ <input type="checkbox"/> Other: _____	

Please list all medications that you are currently taking and what they are for.

INFORMED CONSENT

I understand that massage therapy provided by, Kaiser Chiropractic, S.C., is not a replacement for chiropractic or medical care, and that she does not diagnose illness or disease, does not prescribe medications, and that spinal adjustments are not part of massage therapy. I have informed them of all my known physical conditions, medical conditions and medications, and I will keep Kaiser Chiropractic, S.C., updated on any changes.

Patient Signature

Date