

# PERSONAL HEALTH FORM



NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

PHONE : (Home or Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Network: Verizon, AT&T, \_\_\_\_\_

EMAIL: \_\_\_\_\_ Appt. Reminders: E-Mail Text None

Date of Birth: \_\_\_\_\_ Referral: \_\_\_\_\_

Primary MD: \_\_\_\_\_ DC/Chiropractor: \_\_\_\_\_

**THE FOLLOWING INFORMATION IS USEFUL IN ORDER FOR US TO EVALUATE HOW THE MASSAGE WILL BENEFIT YOUR HEALTH.**

***DO YOU CURRENTLY HAVE (MARK WITH AN "X" ONLY IF YES)***

\_\_\_ATHLETE'S FOOT      \_\_\_HYPERGLYCEMIA      \_\_\_DIABETES  
\_\_\_ECZEMA              \_\_\_PHLEBITIS              \_\_\_ABDOMINAL PROBLEMS  
\_\_\_OPEN SORES/CUTS      \_\_\_VARICOSE VEINS      \_\_\_FLU  
\_\_\_AIDS/HIV              \_\_\_COLD              \_\_\_HEPATITIS  
\_\_\_MEDICATIONS...FOR \_\_\_\_\_  
\_\_\_PREGNANT.....DUE DATE \_\_\_\_\_

***HAVE YOU HAD...***

\_\_\_HEART ATTACK      \_\_\_OTHER HEART PROBLEMS      \_\_\_KIDNEY PROBLEMS  
\_\_\_SPINAL INJURIES      \_\_\_SURGERIES AND THERAPIES - EXPLAIN \_\_\_\_\_

RECENT INJURIES \_\_\_\_\_

RECENT SURGERIES \_\_\_\_\_

Any other condition/problem we should be aware of? \_\_\_\_\_

**THIS MEDICAL HISTORY GIVEN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_