



HEALTH HISTORY FORM

DATE _____

NAME _____

ADDRESS _____

CITY/PROVINCE/STATE _____ POSTAL CODE _____

EMAIL _____

Would you like to be added to an email newsletter list? YES / NO

PHONE: Home _____ Business _____

Can I call you at work? _____

Referred by: _____

Date of Birth _____

Physician's Name and phone number _____

Do I have permission to contact your doctor? _____

Therapy can be administered while the patient is:

Fully clothed _____

Loose clothing (i.e., t-shirt and shorts) _____

No preference _____

Please state your preference, if any _____

Emergency Contact: NAME _____

PHONE NUMBER _____

Primary complaint/reason for treatment: _____

Pain location: _____

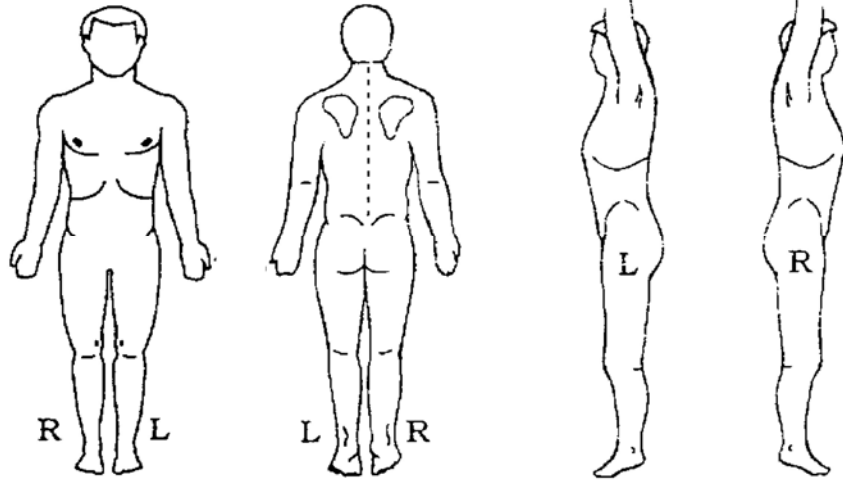
Intensity of pain on a scale of 1-10 _____

When does your pain increase? _____

When does it decrease? _____

Please indicate with an X the location of your pain or condition

Pain patterns/restricted movements:



What Medications are you currently taking?

List surgeries with dates: (Please include TMJ or oral surgery)

List hospitalizations with dates

List previous injuries with dates:

List tests/x-rays done with dates:

Please describe any exercise program you are currently participating in. i.e., What exercise and how many times per week?

Do you smoke? _____ How much? _____ How long? _____

Do you wear orthotics? _____ How long for current pair _____

Have you received any other form of body work in the past five days? Yes ____ No ____
Please indicate type.

Please identify any metal implants, internal pins, wires, artificial joints or special equipment that you may have?

What is your daily consumption of water _____ Tea _____ Coffee _____

Soft drinks _____ Alcoholic beverages _____

Please identify and explain any health conditions you are experiencing or have a history of.

○ Bronchitis/asthma/shortness of breath or chronic cough _____

○ Poor circulation/bruise easily _____

○ Loss of sensation in hands or feet _____

○ Pregnant: Yes No

Due date:

Are you trying to conceive

○ Indicate your own birth history if known: i.e., c-section, forceps, breech birth, premature

- PMS, fibroids/difficult menstruation _____
- Last menstrual period: _____
- Liver/gallbladder/poor digestion _____
- Insomnia _____
- Hiatus hernia _____
- Constipation/diarrhea - please indicate number of BM's per day or per week

- Numbness/tingling _____
- Diabetes Yes No
Type: _____
Date of Onset: _____
- Allergies (Anaphylaxis/skin irritation/food allergy) _____
- Hayfever _____
- Epilepsy _____
- Cancer _____
- Arthritis _____
- Vision problems _____
- Ear infections/poor hearing/tinnitus _____
- Bladder/kidney _____
—
- Joint or soft tissue pain _____
- High or low blood pressure _____
- Heart attack _____
- Congestive heart failure, heart disease, stroke _____
- Phlebitis _____
- Pacemaker _____

- Headaches (frequency and triggers) _____
- Hepatitis, TB _____
- Skin rashes/infectious skin conditions _____
- Fibromyalgia _____
- Mononucleosis _____
- Back pain _____
- Varicose veins _____
- Psychological issues/traumas _____
- _____
- Other _____
- _____

I, (print) _____ understand the treatment goals, risks and benefits as explained by the nurse and I give consent to treatment. I have had an opportunity to ask questions about the treatment. I understand that Janet Riley does not treat, prescribe or diagnose any illness, disease, or other physical or mental disorder and that any information concerning health status relayed to Janet Riley has also been given to my physician. I also certify that no guarantee has been made as to the results that may be obtained.

I hereby give Janet Riley permission to collect personal information, including personal health information from me. I understand I may request access to my personal information at any time. Upon completion of my treatment program, any request for Janet Riley to share/release client specific information acquired through the episode of care will require a specific informed consent from the client for release of specifically requested information.

Signature _____ Date _____

All records are confidential