

THERAPEUTIC GRACE

Confidential Client Health History

The information request below will assist us in treating you safely. Feel free to ask any questions about the information being requested. Please note that all information provided below will be kept confidentially unless allowed or required by law. Your written permission will be required to release any information.

Name: _____ Date of Birth: _____ Occupation: _____
Address: _____ City: _____ Postal Code: _____
Home Phone: _____ Cell Phone: _____ Email Address: _____
Have you had massage before? Yes No Referred by _____ Reason for visit: _____
Medical Doctor: _____ Address: _____ Phone: _____

	Injury/Surgery
Type/Date	
Type/Date	

Cardiovascular

- High Blood Pressure
- Low Blood Pressure
- Chronic Congestive Heart Failure
- Heart Attack
- Phlebitis/Varicose Veins
- Stroke/CVA
- Pacemaker or similar device
- Heart Disease
- Haemophilia

Is there any family history of any of the above? (please circle)
Yes No

Respiratory

- Chronic Cough
- Shortness of Breath
- Bronchitis
- Asthma
- Emphysema

Is there a family history of any of the above? (please circle)
Yes No

Infections

- Herpes
- Hepatitis
- Plantar Warts
- TB
- HIV, AIDS
- Skin Conditions

- Other _____

Other Conditions

- Bruise Easily
- Skin Conditions _____
- Loss of Sensation, where? _____
- Diabetes, onset _____
- Digestive Issues
- Mental Illness
- Allergies/Hypersensitivities _____

- Epilepsy
- Cancer, where? _____

- Other conditions _____
- Arthritis
- Osteoporosis

Is there a family history of Arthritis or Osteoporosis? (please circle)
Yes No

Head/Neck

- History of headaches
- History of migraines
- Vision problems
- Vision loss
- Ear problems
- Hearing loss

How is your general health?

Women

- Pregnant, due _____
- Gynaecological Conditions _____
- Menstrual Problems _____

Current Medications and conditions they treat:

Other Current Health Care

- Chiropractic
 - Physiotherapy
 - Psychotherapy
 - Acupuncture
 - Naturopath/Natural Medicine
- For: _____

Do you have any internal pins, wires, artificial joints or special equipment? (please circle)
Yes No

Where/What?

Signature _____

Date: _____

Update 1 _____

Update 2 _____

Update 3 _____

Update 4 _____