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1921-91 Street S.W., Edmonton, Alberta, T6X 0W8, 780-466-0027

## CONFIDENTIAL PERSONAL INFORMATION

NAME (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

ALTERNATE PHONE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

HAVE YOU SEEN YOUR PHYSICIAN RECENTLY?                      YES      NO

HAVE YOU SEEN OTHER HEALTH PROFESSIONALS RECENTLY?   YES      NO

DO YOU EXERCISE REGULARLY?                                      YES      NO

DO YOU GET A PROPER SLEEP EACH NIGHT?                      YES      NO

DO YOU SMOKE?    YES      NO

DO YOU EAT REGULAR AND CHOOSE HEALTHY FOODS?           YES      NO

DO YOU CONSUME MODERATE AMOUNTS OF WATER DAILY?   YES      NO

PLEASE LIST ANY CURRENT SYMPTOMS AND/ OR CONDITIONS \_\_\_\_\_

HOW LONG HAS THIS BEEN GOING ON? \_\_\_\_\_

HAVE YOU RECEIVED TREATMENT FOR THIS? \_\_\_\_\_

DATE OF LAST MASSAGE \_\_\_\_\_

HOW DID YOU HEAR ABOUT OUR CLINIC? \_\_\_\_\_

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**CONFIDENTIAL PERSONAL HEALTH INFORMATION**

ARE YOU TAKING ANY MEDICATIONS? YES NO

DO YOU HAVE ANY ALLERGIES/SENSITIVITIES? YES NO

HAVE YOU HAD INJURIES, SURGERIES, CAR ACCIDENTS? YES NO

DO YOU HAVE ANY HARDWARE, PINS, WIRES, FUSIONS? YES NO

DO YOU USE SPECIAL EQUIPMENT TO BE MOBILE? YES NO

PLEASE INDICATE ALL THAT IS APPLICABLE PAST (P) OR CURRENT (C).

**MUSCULOSKELETAL** (TENDINITIS, SPRAIN/STRAIN, ARTHRITIS, LOW BACK, HIP, LEG, NECK, SHOULDER, ARM, JAW/TMJ, MUSCLE PAIN/STIFFNESS, HEADACHES/MIGRAINES, SCOLIOSIS) YES NO

**CARDIOVASULAR** (HIGH/LOW BLOOD PRESSURE, HEART CONDITION, HEART ATTACK, STROKE, SWELLING OF HANDS/FEET, DIZZINESS/FAINTING) YES NO

**RESPIRATORY** (ASTHMA/LUNG CONDITION, SHORTNESS OF BREATH, SINUS PROBLEMS)

YES NO

**NEUROLOGICAL** (NUMBNESS/TINGLING, EPILEPSY/SEIZURES, MULTIPLE SCLEROSIS, PARKINSON'S DISEASE, LUPUS)

YES NO

**INTEGUMENTARY** (OPEN WOUNDS, BURNS, PSORIASIS, ECZEMA) YES NO

**URINARY/REPRODUCTIVE** (MENOPAUSE, PMS, CRAMPING, PREGNANT \_\_\_\_\_ WEEKS, KIDNEY DISEASE, INFECTION)

YES NO

**GASTROINTESTINAL** (CONSTIPATION, DIARRHEA, IBS, CROHNS, ABDOMINAL PAIN, ACID REFLUX, CONSTANT BLOATING)

YES NO

**ENDOCRINE** (DIABETES, HORMONAL THERAPY, BIPOLAR) YES NO

**MISCELLANEOUS** (TENSION/STRESS, FATIGUE, DEPRESSION, CANCER, CHRONIC PAIN, SLEEP DISORDER ANY OTHER CONDITION NOT LISTED) YES NO