

Village Health Clinic

Registered Massage Therapy

PATIENT MEDICAL HISTORY FORM

All information will remain confidential.

PATIENT INFORMATION

Full Name: _____ Birth Date (Mo/Day/Year): ____/____/____ Age: ____

Address: _____ Home Phone: _____

City: _____ Postal Code: _____ Other Phone (Work/Cell): _____

Occupation: _____ Employer: _____

Family Physician: _____ Specialist: _____

Emergency Contact: _____ Relationship: _____ Phone #: _____

How did you hear about our clinic? _____

MEDICAL HISTORY

Chief Complaint—Briefly describe condition: _____

Duration of problem: _____

What aggravates the problem? _____

What relieves it? _____

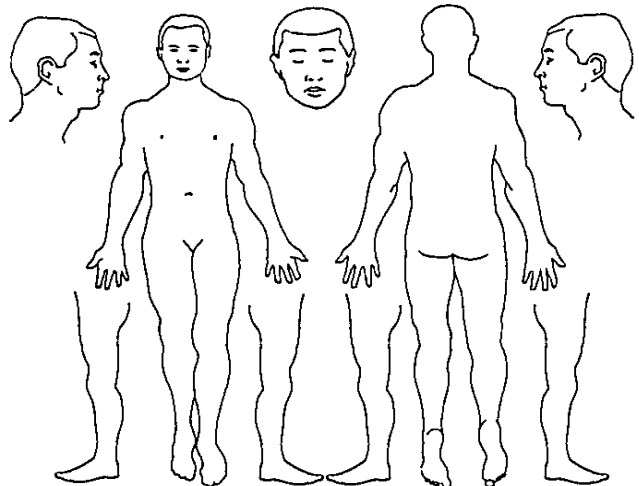
Describe onset: Sudden ___ Gradual ___ Unusual Activity ___

Intensity of pain: Mild ___ Moderate ___ Intense ___

Type of pain: Sharp ___ Shooting ___ Dull ___

Burning ___ Aching ___ Other: _____

Please shade in any areas of concern on the diagram.



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Are you currently seeing another practitioner? ___Yes ___No

Chiropractor ___ Physiotherapist ___ Massage Therapist ___ Other _____

Are you currently taking any medications and for what reasons?

Please check all that you have had previously or are currently experiencing:

Heart condition ___	Fibromyalgia ___
Stroke ___	Chronic Fatigue Syndrome ___
Diabetes ___	HIV ___
Fainting ___	Fractures ___
High/Low blood pressure ___	Bone dislocations ___
Circulatory problems ___	Spinal injury ___
Respiratory condition ___	Neurological condition ___
Headaches ___	Sprains/strains ___
Head injury ___	Arthritis ___
Skin problems ___	Rheumatism ___
Cancer ___	Osteoporosis ___
Kidney Problems ___	Contagious diseases ___
Allergies ___	Digestive problems ___
Insomnia ___	Seizures ___
Jaw pain ___	Current infections ___

Are you pregnant? _____ If yes, how many months? _____

Other conditions you would like the therapist to know about: _____

Any missed or rescheduled appointments with less than 24 hours notice will result in a charge for the full cost of the missed appointment.

I understand the terms and conditions as stated above.

Signature

Date