Medical History (continued)

Please list all over the counter, supplements, and/ or herbs taken and why:

_____

_____

History (helps to determine treatment options)

Musculoskeletal

- ☐ Osteoporosis
- ☐ Arthritis
- ☐ Hypothyroidism
- ☐ Fibromyalgia
- ☐ Chronic Fatigue
- ☐ Gout in _____
- ☐ Bursitis
- ☐ Plantar Fascitis
- ☐ Cysts/Lipomas
- ☐ TMJ
- ☐ Chronic Headaches
- ☐ Tendonitis
- ☐ Whiplash
- ☐ Strains/Sprains
- ☐ Chronic Pain in:
  - ☐ Neck
  - ☐ Low-back
  - ☐ Mid-back
  - ☐ Upper-back
  - ☐ Hip
  - ☐ Arm
  - ☐ Leg
  - ☐ Shoulder
  - ☐ Wrist/Hand
- ☐ On computer more than 2 hours per day. No. of hrs: _____

Respiratory

- ☐ Pnemonia
- ☐ Asthma
- ☐ Breathing Problems
- ☐ Sinusitis
- ☐ Other: _____

_____

Digestive

- ☐ Ulcers
- ☐ Colitis
- ☐ IBS
- ☐ Crone's Disease
- ☐ Gluten Intolerance
- ☐ Constipation
- ☐ Diarrhea
- ☐ Gallstones
- ☐ Gas/Bloating
- ☐ Chronic Indigestion

Circulatory

- ☐ Heart Problems:_____
- ☐ Stroke
- ☐ Palpitations
- ☐ Mitral Valve Prolapse
- ☐ Anemia
- ☐ Hemophilia
- ☐ Hypertension
- ☐ Low Blood Pressure
- ☐ Peripheral Artery Disease
- ☐ Raynaud's Disease
- ☐ Varicose Veins
- ☐ Blood Clots/Phlebitis

Skin

- ☐ Fungal Infections
- ☐ Athlete's Foot
- ☐ Impetigo
- ☐ Eczema/Dermatitis
- ☐ Psoriasis
- ☐ Easily Irritated Skin
- ☐ Other:_____

_____

_____

Nervous System

- ☐ Dizziness
- ☐ ALS
- ☐ Multiple Sclerosis
- ☐ Parkinson's Disease
- ☐ Bell's Palsy
- ☐ Neuritis
- ☐ Spinal Cord Injury
- ☐ Trigenminal Neuralgia
- ☐ Seizures/Epilepsy

Other

- ☐ Diabetes
- ☐ Pregnancy
- ☐ Cancer
- ☐ Kidney Disease
- ☐ Hepatitis
- ☐ HIV/AIDS
- ☐ Lupus
- ☐ Postoperative:_____
- ☐ Cystitis
- ☐ High Stress
- ☐ Grieving
- ☐ Anxiety/Panic Attacks
- ☐ Bipolar Syndrome
- ☐ PMS/Menopause difficulties
- ☐ Poor Sleep / Insomnia
- ☐ Allergies Affecting:
  - ☐ Facial Skin
  - ☐ Body Skin
  - ☐ Nose / Sinuses
  - ☐ Eyes
  - ☐ Stomach / Gut
- ☐ Orthopedic pins or plates
- ☐ Other: _____

Exercise

Time/Day-Week: _____ Activities: _____

_____

The above information is accurate. I understand that Massage Therapists do not diagnose disease or prescribe drugs and that they are not a substitute for medical care. I agree to alert my practitioner of any physical/emotional changes as they occur. I also understand that a missed appointment might incur charges that I must pay.

_____

Signature Date