

CHAMPION CHIROPRACTIC AND SPORTS INJURY CLINIC

Confidential Patient History

We appreciate your co-operation in filling out this form, so that we will have accurate records. Thank-you.

PATIENT'S LAST NAME		FIRST NAME	HOME PHONE
HOME ADDRESS		CITY/TOWN	POSTAL CODE
DATE OF BIRTH	OCCUPATION	EMPLOYER	BUSINESS PHONE
BUSINESS ADDRESS			
WHO IS LEGALLY RESPONSIBLE FOR THIS ACCOUNT?		BY WHO WERE YOU REFERRED?	
EMERGENCY CONTACT #		EMAIL ADDRESS	

Have you experienced massage therapy before? Yes No If yes, what type? _____

What is your major complaint at the present time? _____

When did it start? _____ Have you had a similar problem in the past? Yes No

Is this condition progressively getting worse? Yes No When? _____

THE CONDITION Constant Comes & Goes Getting Worse
IS:

THE CONDITIONS INTERFERES WITH: Work Sleep Sports Daily Routine

Have you tried the following therapies concerning your condition? Chiropractor Massage Therapy Acupuncture Physiotherapy

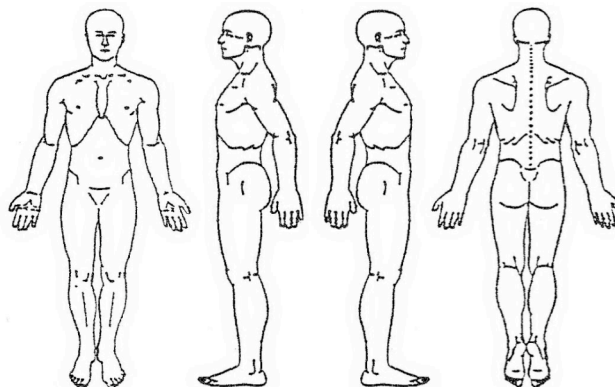
What makes this condition better/worse? _____

Please list any operations or major injuries you have recently had or in the past: _____

List any of the medications you have taken in the past 24 hours? _____

Please list any allergies: _____

ON THE DIAGRAM BELOW PLEASE CIRCLE ANY AREAS OF CONCERN:



PLEASE CHECK THE CONDITIONS YOU ARE EXPERIENCING NOW OR HAVE EXPERIENCED IN THE PAST:

Muscle / Joint

- Arthritis
- Swelling of joints
- Numbness/tingling sensation
- Artificial joints and/or internal pins wires
- Dislocations

Cardiovascular

- High/low blood pressure
- Heart disease
- Heart attack
- Stroke
- Pacemaker
- Poor circulation

Head/Neck:

- Headaches/migraines
- Whiplash
- Vertigo
- Sinus problems
- TMJ (locking/clicking of jaw)

Communicable Diseases:

- TB
- Hepatitis
- HIV

Women:

Is there any chance that you maybe pregnant? Yes No
If yes, how far along? _____

Respiratory

- Asthma
- Bronchitis
- Pneumonia
- Emphysema

Skin

- Open Sore
- Eczema
- Bruise easily
- Varicose veins
- Psoriasis
- Sunburn
- Rash

Other Conditions:

- Cancer
- Epilepsy
- Diabetes
- Blood Clots
- Fibromyalgia
- Depression
- Anxiety
- Dizziness
- Fatigue
- Blackouts

PLEASE READ CAREFULLY AND THOROUGHLY:

I understand that the massage I receive is provided for the basic purpose of relaxation, stress reduction and relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort.

I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the massage therapist updated as to any changes in my medical profile. I understand that there shall be no liability on the massage therapists part should I fail to do so.

I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of session.

I also understand that the massage therapist reserves the right to refuse to perform massage on anyone whom she considers to have a condition for which massage is contraindicated.

Client signature: _____ **Date:** _____