

Client Profile and Health History

Name: _____ Email: _____ Date: ___ / ___ / _____
Address: _____ Home Phone: (_____) _____ - _____
City: _____ St. _____ Zip _____ Office Phone: (_____) _____ - _____
Male/Female: ___ Date of Birth: ___ / ___ / _____ Age: ___ Cellular Phone: (_____) _____ - _____
Height: _____ Weight: _____ Occupation: _____ Employer: _____
Emergency contact: _____ Relationship: _____ Phone: (_____) _____ - _____
Insurance Carrier: _____ Policy #: _____ Referred by: _____

Medical History:

Please list the main complaint you are currently experiencing and date it starts, and any past major medical problems:

Please list all surgeries and give approximate dates: _____

Please list any medications you are now taking: _____

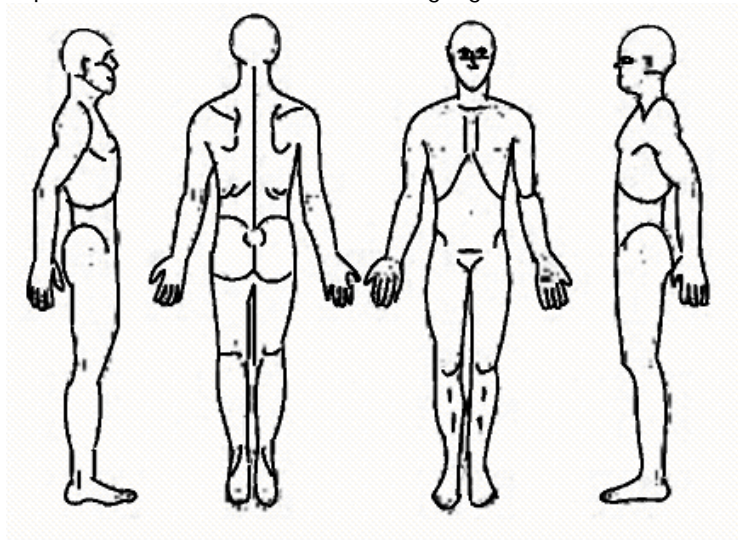
Do you or have you: Smoke ___ , Drink alcohol ___ , Take recreational drugs ___ , Have HIV/AIDS ___ , Hepatitis A/B/C ___ ,
Cancer ___ , Diabetes ___ , Hypertension ___ , Heart disease ___ , Allergies to drugs ___ , Which _____ ?

Describe your current exercise program: _____

Choose two emotions which describe you or influence your life (ie. sad, happy, worried, fearful, angry, excited, anxious, etc.): _____

Please list any emotional traumas which have occurred which may have affected your health and the approximate dates:

Mark the areas where you have pain, discomfort, numbness, or tingling:



Profile:

Indicate with one check any condition that you sometimes experience; two checks for those which occur often, and three checks for major concerns.

WATER

- hearing loss
- dizziness
- lower backache/neck pain
- sinus congestion
- edema
- rigid joints and muscles
- kidney and bladder stones
- premature gray, thin hair
- osteoporosis
- ringing in ears
- frequent urination
- weakness of legs/knees
- short term memory loss
- very little sleep
- disk and cartilage problems
- sinus headaches

EARTH

- indigestion
- flatulence
- food allergy
- stomachache/ulcer
- diarrhea
- diabetes
- nausea
- mucus
- puffiness under eyes
- thyroid problems
- prolapsed uterus, stomach
- bleeding gums
- tooth decay
- bloated
- difficult to lose weight
- swollen glands
- water retention

METAL

- bronchitis
- asthma
- shallow breathing
- moles and warts
- cough
- catch colds often
- varicose veins
- dry hair and skin
- sneeze or cough with change in temperature
- shortness of breath
- eczema, psoriasis

WOOD

- headaches/migraine
- hypertension/high BP
- poor eyesight
- shingles
- tendonitis
- sciatica
- heartburn
- cystitis
- neck and shoulder tension
- muscle cramps
- darkness under eyes
- constipation with cramps
- gallstones
- irritability
- insomnia between 11pm - 3am
- TMJ – jaw pain
- PMS – menstrual cramping
- hepatitis A/B/C

FIRE

- dry scalp
- skin eruptions, rashes
- cysts, tumors
- ear infections
- eczema
- anemic
- sores in mouth, tongue, lips
- irregular heartbeat
- dislike of heat
- heart palpitations
- bitter taste in mouth
- nose bleed
- hot hands and feet
- poor circulation
- low blood pressure
- epilepsy
- insomnia – can't fall asleep or can't stay asleep

OTHER

- fatigue
- arthralgia – joint pain
- sciatica/nerve pain
- arthritis
- AIDS
- cancer

MALE CLIENTS ONLY

- prostatitis
- burning urination
- urinary incontinence
- impotence

FEMALE CLIENTS ONLY

- vaginal infection
- yeast infection
- urinary tract infection
- ovarian cyst
- hemorrhoids
- breast lumps
- irregular periods
- excessive bleeding
- positive PAP
- number of children
- night sweats
- hot flashes
- spotting between periods

Signature: _____