

Client

Client initials: _____ Case Study # _____ Age _____ Male _____ Female _____
Date of Visit: _____ Practitioner name _____

Reason for Visit

Primary reason for visit: _____

When did your first notice it? _____ What brought it on? _____

Describe any stressors occurring at the time _____

What activities provide relief? _____ What makes it worse? _____

Is this condition getting worse? _____

Does it interfere with work? _____ Sleep? _____ Recreation? _____

Have you had massage/bodywork before? _____ What type? _____

Medical History

Are you currently under the care of another health care provider(s)? _____

Reason(s) _____

Name(s) of practitioner(s) _____

Address _____

Phone _____ e-mail _____

Current medications and/or supplements/remedies: _____

Allergies: specify allergen and reaction _____

Surgical history (year and type) and/or recent procedures _____

Hospitalizations _____

Accidents or traumas _____

Falls/injuries to sacrum/head/tailbone (describe) _____

Other: _____