



Therapy
Designed for You

CLIENT HEALTH & MEDICAL HISTORY

82 Palomino Lane, Suite 501
Bedford, NH 03110
603-627-6381

A health and medical history aids us in providing treatment as muscular therapy may impact medication effectiveness or worsen existing health conditions. This Information will be used to structure safe therapy sessions for you. *Clients with active cancer or a cancer history should request the Cancer History form.*

Name: _____ Date: _____

Best Phone: (____) _____ Alt. Phone: (____) _____

Address _____ Street _____ City _____ State _____ Zip Code _____

Email: _____ Join our Email Newsletter? Yes No

Occupation: _____ Sex: M/F Date of Birth: _____

• How did you hear about us so we can send a "thank you" _____

• Reason for visit: (circle all that apply) shoulders low back neck legs upper back
feet arms jaw chest stress headaches just stressed out!

| Exercise | Work/Home Activity | Habits |
|--|---|--|
| <input type="checkbox"/> Cardio <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/> Daily <input type="checkbox"/> Occasional <input type="checkbox"/> Weights/Resistance <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/> Daily <input type="checkbox"/> Occasional | <input type="checkbox"/> Sitting <input type="checkbox"/> Standing <input type="checkbox"/> Light Labor <input type="checkbox"/> Heavy Labor <input type="checkbox"/> Substantial Computer Work <input type="checkbox"/> Carrying Children | <input type="checkbox"/> Smoking Packs/Day ____ <input type="checkbox"/> Alcohol Drinks/Week ____ <input type="checkbox"/> High Stress Level Reason _____ |
| Injuries/Surgeries | Description | Approximate Date |
| <input type="checkbox"/> Fall <input type="checkbox"/> Broken Bones <input type="checkbox"/> Dislocations <input type="checkbox"/> Surgery(ies) | _____ _____ _____ _____ | _____ _____ _____ _____ |
| Medications | Allergies | Vitamins/Herbs/Minerals |
| _____ _____ _____ _____ | _____ _____ _____ _____ | _____ _____ _____ _____ |

Hydration is an important component of muscle health. Average daily hydration intake should be ½ your body weight in ounces. This includes water, herbal teas, electrolyte enhanced beverages (most), sports drinks and distilled water. Caffeinated and sweetened beverages (non-sport drinks) do not hydrate the tissue in the same way. Please mark your current fluid intake.

Daily Water/Hydration
 Fluid Intake: 0-19 oz. 20-36 oz 37-48 oz 49-64 oz over 64 oz.

Daily Non-Hydration
 Fluid Intake: 0-19 oz 20-36 oz 37-48 oz 49-64 oz over 64 oz.

Fruits and vegetables also add to hydration of the body’s tissues. Please mark your current intake of:

Daily fresh fruits: 0-2 3-5 more than 5
 Daily fresh vegetables: 0-2 3-5 more than 5

Protein feeds the muscles, carbs provide energy.

Do you eat protein at every meal? Y ___ N ___
 Do you understand how protein & water affect muscles? Y ___ N ___

| Current Medical Signs & Symptoms | | | |
|--|-----|----|----------------------|
| Symptom | Yes | No | Location: (describe) |
| 1. Any active infections? | | | |
| 2. Any swelling, edema or tendency to swell? | | | |
| 3. Any numbness or abnormal sensation? | | | |
| 4. Any pain or tenderness? | | | |

I verify that all information provided is correct and current to the best of my knowledge. I understand that any information provided to my therapist is for exclusive use in providing muscular therapy and will not be discussed with any other persons without my express written permission. I understand that I am responsible for reporting changes in my general health and medications prior to future treatments.

 Signature

 Date