

HEALTH HISTORY QUESTIONNAIRE:

Name _____

Referred by: _____

Address _____ City _____ Zip _____

Phone (h) _____ (cell) _____ (w) _____

Email _____ Occupation _____

D.O.B. _____

Number of hours you sleep per day/night? _____

What type of exercise if any do you engage in? _____ Frequency per week? _____

Are you taking supplements, vitamins, or additional nutritional support? _____

Do you stretch and or utilize posture therapy of any kind? _____ If yes, what? _____

Do you have any of the following:

Frequent headaches? _____

Backaches? _____

Cancer? _____

Osteoporosis or osteopenia? _____

Athlete's Foot? _____

Contagious or infectious disease? _____

Phlebitis? _____

High blood pressure? _____

Past surgery? _____ Dates: _____

Currently pregnant? _____

Circulatory problems or cardiac problems? _____

Diabetes _____

Epilepsy or seizure disorder? _____

Tension or soreness? _____ Where? _____

Previous massage or bodywork? _____ Frequency: _____

Do you drink alcohol? _____

Take prescription medication? _____ List medicine: _____

Daily water intake? _____

Do you consume sugar? _____ Frequency of consumption? _____

CANCELLATION/RESCHEDULE POLICY: *We absolutely appreciate your business however we must charge for missed appointments. Due to the large amount of time that must be*

blocked out for each appointment, the full fee will be charged for appointments or cancellations with less than 48 hour notice. Please do not come in if you are ill.

Contract for Care: I certify that the above information is true and accurate to the best of my knowledge, and I agree to keep my appointments in a timely manner. I agree to pay for cancellations, reschedules, or no-shows with less than 48- hour notice. I forever release all liability from Back In Balance, Nitasha Canine, and her associates. I agree to keep the therapist informed of any changes that develop over the course of our therapeutic relationship.

Signature _____ Date _____