



## Client Information & Confidential Health History

Therapist:

Name:

Address:

City:

State:

Zip:

C Phone:

H Phone:

Date of Birth:

Email:

Gender:

Emergency Contact Name:

PH:

How did you hear about Manitou Wellness Center?

Current Employer:

Areas of Pain or Discomfort

Are you presently under a doctor's care?

Dr. 's Name:

Any injuries to the face or head, neck or tailbone? (falls whiplash etc.)

Surgeries in the last four years? Explain.

Do you drink Alcohol? How much per week?

(Flip Page Over)

Tea or caffeine intake? How many cups per week?

If female: Are you Pregnant? How many months?

Do you have a cold, the flu, or other infectious conditions?

Do you have a history of heart related conditions?

Are you on any medications including medical marijuana? If Yes please list here.

Have you ever been in a car accident? If yes, please explain treatment and outcome.

Skin conditions including varicose veins, skin irritations or rash?

Allergies to lotion, nut based products or essential oils? Please list

Do you have, or have you had any form of Cancer?

What vitamins minerals supplements do you currently take?

List your three major complaints or symptoms:

- 1.
- 2.
- 3.

Do you have or have you ever had a minor or severe head injury including birth trauma?

Are you experiencing a high level of stress due to work, family, past trauma (either physical or mental)?

Y\_\_\_\_\_ N\_\_\_\_\_

Other services you are interested in? Please circle all that apply -

Cranial Sacral therapy, Holistic Nutrition, Clinical Manual Therapy, Detox Foot Bath, Structural Integration, Infrared Treatment, Manual Lymphatic Therapy, Somatic Trauma Resolution, Individualized Herbal Formulation,

**\*\* \*Manitou Wellness Center is a cooperative alternative health center in the event that you are seen by more than one practitioner do you give permission for your health history to be reviewed by other practitioners within our office? Y\_\_\_\_\_ N\_\_\_\_\_**

I affirm the above information is complete and accurate. I will keep Manitou Wellness Center informed of any changes as they occur to advance benefit and effectiveness of my treatment. I understand Manitou Wellness Center, and practitioners within, will not be held liable for any injuries or loss sustained to myself or my property. I understand that the practitioners cannot diagnose or treat diseases but may suggest and provide an alternative method of treatment. I agree to give 24hr notification of cancellation and understand I may be billed if shorter notice is given.

Client Signature: \_\_\_\_\_