BAYSWATER
NEUROMUSCULAR • MASSAGE

BAYSWATER NEUROMUSCULAR & MASSAGE
Confidential Patient Health History Form

NAME:_____ BIRTHDATE:_____(dd/mm/yyyy)

OCCUPATION:_____ EMAIL:_____

ADDRESS:_____ Postal Code:_____

_____

CELL PHONE:_____ WORK PHONE:_____

HOME LINE:_____

CARE CARD (PHN):_____ Extended Medical Insurer:_____

Policy#:_____ ID#:_____

WHO REFERRED YOU?:_____

YOUR APPOINTMENT TIME **is reserved for you. In courtesy of your therapist & fellow patients, a minimum of 24 hours notice is required for any cancellations or the Full Cost of the appointment will be charged. This charge also applies to any "No Shows"/Missed Appointments.**
Thank you for your co-operation and understanding.

SIGNATURE:_____ **DATE:**_____**(dd/mm/yyyy)**

Known Allergies: (medications, foods, seasonal, oils/lotions, etc)_____

_____

PRESENT SYMPTOMS: What is your major complaint?:_____

_____

When did you first notice the major complaint?_____

What brought it on?_____

What activities aggravate the condition?_____

What have you done to get relief? (Medication, Physio, Chiro, Yoga, etc)_____

_____

Is this condition getting worse? Yes__ No__ Constant__ Comes & Goes__

Is this condition interfering with your Work__ Sleep__ Daily routine__

TURN OVER

Have you had a similar problem before? If Yes, when?_____

_____

Any additional information:

_____

_____

_____

_____

_____

_____

_____

_____

Please "X" or check if applicable

_Heart attack
_Stroke or Aneurysm

_High/Low Blood Pressure
_Anemia
_Pace Maker
_Other Heart Condition
_Vericose Veins
_Bruise Easily
_Other circulatory Condition
_Diabetes
_Kidney Disease
_Other Urinary Condition

_Irritable Bowel/Colitis
_Digestive Condition
_Nausea

_Cancer
_Hepatitis
_HIV
_TB
_Other Contagious Condition

_Headaches/migraines
_Dizziness/Fainting/Loss of balance

_Spinal Injury
_Depression/Fatigue/Nervousness
_Head Injury
_Ringing in Ears
_Epilepsy/other seizures
_Twitching of face
_Other Neurological Condition

_Asthma
_Chronic Sinusitis
_Chest Pains/Shortness of breath/Tightness in throat
_Other Respiratory Condition
_Skin Condition

_Arthritis
_Swollen Ankles/Joints
_Disc Problems/Joint Dislocation
_Bone Fracture/Osteoporosis
_Rods/Pins/Plates/Shunts/Implants

BAYSWATER NEUROMUSCULAR & MASSAGE
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