



FIRST CHIROPRACTIC & WELLNESS CLINIC

Tegan Burgess, Registered Massage Therapist

Confidential Patient Case History

NAME: _____ DATE: _____

ADDRESS: _____ CITY: _____ PROVINCE: _____ PC: _____

PHONE:(c) _____ (h) _____ (w) _____

EMPLOYER: _____ OCCUPATION: _____

DATE OF BIRTH: (m/d/y) ____/____/____ EMERG CONTACT: _____ Ph# _____

What brings you in for a massage? (stress/pain relief/tension/other reason)

Are you currently having any discomfort and pain? YES NO

If yes, where? Please show area on the diagram.

Have you had a massage before: YES NO

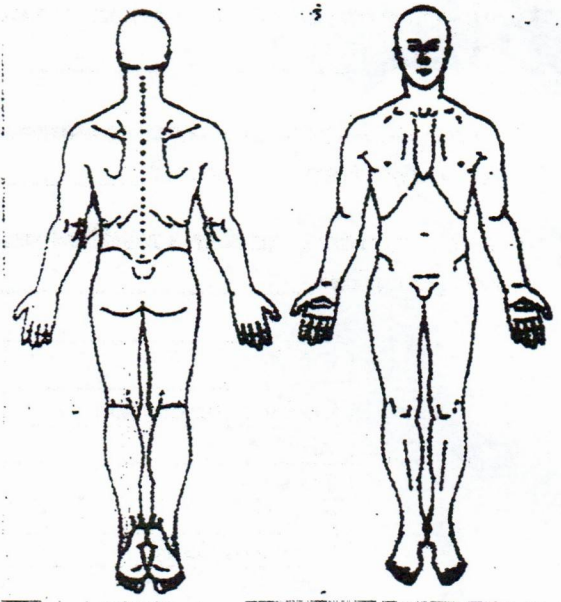
Chiropractic Care: YES NO

Dr.'s Name: _____

Family Doctor: YES NO

Dr.'s Name: _____

Comments _____



Turn over....

Do you know the cause of the pain? (disease, specific movement, specific task, weather, other reasons) _____

How would you describe the pain? (sharp, dull, burning, numbness, tingling)? Please describe: _____

Is there something that relieves the pain? _____

Is there something that aggravates the pain? _____

Please check if you have been treated for any of the following:

Headaches		Heart Conditions	
Hypertension		Lung Disease	
Cancer		Diabetes	
Arthritis		Skin Conditions	
Circulatory Conditions		Mental Health	
Stroke		Allergies	
Varicose Veins/Blood Clots		Whiplash	
Ulcers		Intestinal Problems	

What surgeries have you had? _____

Are you on any medication? YES NO

If yes, what? _____

Have you ever had any falls, accidents or injuries? YES NO

If yes, when? _____

Have you ever had X-rays taken of your spine or neck? YES NO

If yes, when? _____

Do you participate in a regular exercise program? YES NO

If yes, how often and what? _____

Are you currently under a medical practitioners care? YES NO

If yes, describe: _____

	Heavy	Moderate	Light	None
Coffee Consumption				
Alcohol				
Tobacco				
Soda Pop				
Sleep Problems				

This is to acknowledge my wish to consent to receive massage therapy treatments as outlined to me with the understanding that I may withdraw my consent at any time and that treatment will then be stopped. The information contained on this form is true to the best of my knowledge

Signature: _____

Date: _____