

**meridian WELLNESS**  
Patient Information & History

Date: \_\_\_\_\_

**1**

PATIENT INFORMATION

Name: \_\_\_\_\_ Birthday (D/M/Y): \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female  
(First) (Initial) (Last)

Address: \_\_\_\_\_  
(Street) (Apt/Ste #) (City) (Postal Code)

Home phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Single  Married Occupation: \_\_\_\_\_

Parent's Name (if a minor): \_\_\_\_\_

IN CASE OF EMERGENCY, CONTACT

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**How did you hear about us?**

- Sign
- Yellow pages
- Internet
- Radio
- Magazine
- Friend \_\_\_\_\_
- Seminar
- Dr. \_\_\_\_\_
- Other \_\_\_\_\_

**2**

HEALTH HISTORY FORM

An accurate health history is important to ensure that it is safe for you to receive a massage treatment. If your health status changes in the future, please let me know. All information gathered for this treatment is confidential except as required or allowed by law or except to facilitate diagnosis (assessment) or treatment. You will be asked to provide written authorization for release of any information.

What is your primary complaint? \_\_\_\_\_

What is your secondary complaint? \_\_\_\_\_

When did your symptoms begin? \_\_\_\_\_

Cause of this pain? \_\_\_\_\_

Does your pain radiate? Where: \_\_\_\_\_

When do you feel the pain?  A.M.  P.M.  constant  comes and goes  With Use  At Rest

Does it wake you?  Yes  No

How does it feel?  Burning  Sharp  Shooting  Dull  Aching  Stiff

*Please mark where the pain is located*

Tingling  Throbbing  Swelling  Other \_\_\_\_\_

What aggravates the pain? \_\_\_\_\_

What relieves the pain? \_\_\_\_\_

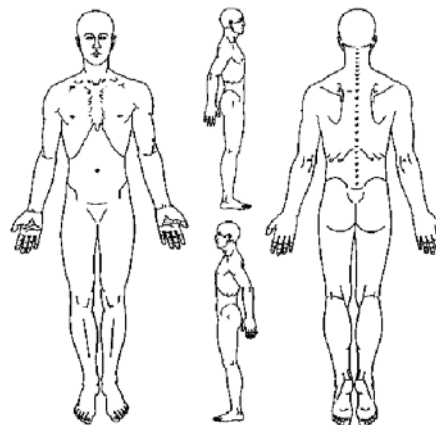
Does it interfere with your:  Work  Sleep  Daily Routine  Recreation

Activities/movement that are painful to perform:

Sitting  Standing  Walking  Bending  Lying  Getting Up

Have you felt this pain before? When? \_\_\_\_\_

List any medications you are taking \_\_\_\_\_



Please list any diagnosed diseases or medical conditions not listed above. \_\_\_\_\_

