Healing Horizons

Integrated Health Solutions

Bodywork Symptom Survey

Name_____Age_____Date_____

How would you rate your present state of health? Excellent____Good____Fair____Poor____

Are you currently under a doctor's care? If so, please explain:_____
_____

Are you pregnant? Y N If yes, how far along?

Have you had bodywork before? Y N

If so, which therapy and how often? _____
_____

Reason for today's visit? _____

Describe any surgeries, accidents or injuries you have had less than 3 years ago _____
_____

More than 3 years ago _____

Do you have any chronic ongoing pain or stress? Y N Please explain _____
_____

Please check any conditions that you have or have had in the past:

__ Headaches	__ Jaw pain	__ Numbness/tingling
__ Blood clots	__ Scoliosis	__ Arthritis
__ Varicose veins	__ Muscle/joint pain	__ Tendonitis
__ Breathing problems	__ Fibromyalgia	__ Diabetes
__ Allergies	__ Skin conditions	__ High/low blood pressure
__ Sinus problems	__ Infectious disease	__ Pregnant

Please describe these conditions _____
_____

Type of recreation and exercise _____

List all medications you are currently taking _____
_____

Signature (Patient/Parent/Guardian) Date

Rev 6/4/2018

(970) 256-8449 • 12th Street Plaza • 2139 N. 12th St #7 • Grand Junction, Colorado 81501
www.hhacumed.com