

Health History



Alchemy Wellness

Participant Name: _____

Phone Primary: _____ Phone/Alternate: _____

Contact by email? NO YES Email: _____

Address: _____ Zip: _____

Birth date: _____ Occupation: _____

Emergency Contact: _____ Relationship: _____

Phone Primary: _____ Phone/Alternate: _____

Referred by: _____

Primary reason for seeking manual therapy: _____

Are you under a physician's care: NO YES If yes, explain: _____

Check all that apply / explain briefly / date:

Recent Injury: _____ Diabetes: _____

Recent Illness: _____ Undiagnosed Pain: _____

Recent Surgery: _____ High/Low Blood Pressure: _____

Chronic Condition: _____ Blood Clots: _____

Arthritis: _____ Chronic Pain: _____

Pregnancy: _____ Circulation Issues: _____

Cancer: _____ Numbness/Tingling: _____

Joint Issues _____ Spine/Disc Problems: _____

Other injuries / illnesses / past surgeries (date/treatment received): _____

Are you taking any medications: NO YES If yes, detail: _____

Where in your body do you feel the effects of stress: _____

Do you exercise? NO YES If yes, what and how often? _____

What else do you do for self-care? _____

Have you experienced any type of bodywork before? NO YES If yes, what type: _____

I have stated all medical conditions, and will update the practitioner of changes in my health status. I understand that bodywork practitioners do not diagnose illness, disease, or any physical or mental disorder, nor do they prescribe medical treatment, pharmaceuticals, or perform spinal thrust manipulations. Techniques may provide relief from muscular tension or spasm, pain relief, and/or stress reduction (physical or emotional).

48 HOUR CANCELLATION NOTICE REQUESTED. NO SHOWS AND CANCELLATIONS UNDER 24 HOURS-- HALF THE VALUE OF THE APPT. WILL BE CHARGED, AND MUST BE PAID IN ORDER TO SCHEDULE.

Signature: _____

Date: _____

(Parent/Guardian if Participant is a Minor)