CATALYST
PHYSICAL THERAPY & WELLNESS

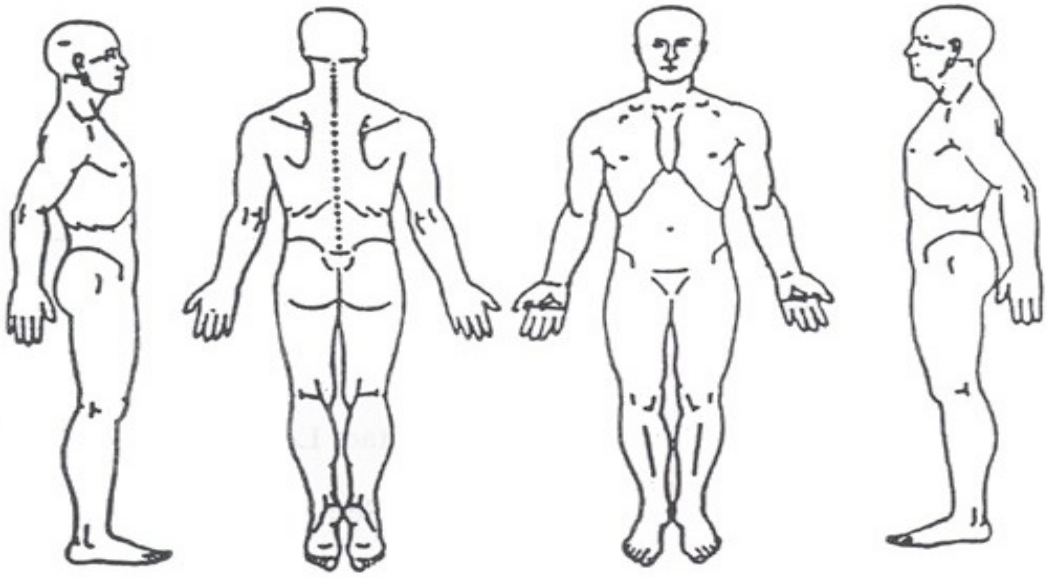
Client Health Information

Patient Name: _____

Please describe the current issue that brings you in today: _____

Initial Date of Onset: _____

Please mark below areas of pain, irritation, tension or stress to be addressed:



For the previously mentioned issue, please do your best to describe the pain: (dull, sharp, ache, throb, shooting):

_____

Please mark where your pain is at its best and worst, 0 = no pain and 10 = debilitating pain

Best:	0	1	2	3	4	5	6	7	8	9	10
Worst:	0	1	2	3	4	5	6	7	8	9	10

Are you currently under a physicians care for this issue? Y _____ N_____

If yes please explain: _____

Are you seeking any other treatment for your current concern? Y_____N_____

If yes, please list the service and the last date of treatment. (acupuncture, chiropractic, personal training, massage)

Goals for your treatment: _____

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Medical History

Please mark an (X) by all current conditions and (P) for past conditions.

__ Abdominal /digestive problems
__ Allergies
__ Anxiety
__ Arthritis/tendonitis
__ Asthma or breathing conditions
__ Athletes foot
__ Blood clots
__ Bowel and Bladder issues
__ Cancer
__ Chronic pain
__ Circulatory/ heart problems
__ Constipation/diarrhea
__ Weight loss (unintentional or excessive)
__ Depression
__ Diabetes
__ Fatigue
__ Headaches, migraine
__ Hearing Problems
__ Heart attack
__ Hernia
__ High blood pressure
__ Jaw pain/TMJ
__ Low blood pressure
__ muscle/bone injuries
__ Varicose veins
__ Numbness/tingling
__ Night Pain
__ Pregnancy
__ Rash/fungus
__ Seizure
__ Sinus problems
__ Sleep difficulties
__ Spinal Disorders
__ Sprain/strain
__ Stroke
__ Tension/stress
__ Vision problems

Elaborate on noted areas above: _____

_____

Are you currently taking any prescribed medication or supplements? Y_____ N_____

Please provide a list to keep on file or list here: _____

Please list any recent injuries or surgeries within the past 5 years: _____

_____

_____

Please list any other pertinent information regarding your medical history: _____

_____