St. Andrew St. E. Osteopathy Clinic, 210 St. Andrew St. E., Fergus, ON N1M 1R1 (519) 787-0098

Health History Outline

THIS INFORMATION IS REQUIRED TO COMPLY WITH LEGISLATION WHICH GOVERNS MASSAGE THERAPY IN ONTARIO

Name: _____
Address:_____ Postal Code: _____
Phone: (home): _____ (work): _____ Occupation: _____
Date of birth: _____ Physician's name, address, and date of last visit: _____
_____
How did you hear of this clinic? _____
Previous experience with Massage Therapy/ Chiropractics/ Physiotherapy/ or other Health Care, and date(s) of last treatment(s): _____
_____
Main reason for coming to clinic: _____
Are you presently on any medication or supplements? If yes, what and how much? _____
_____
_____
Do you suffer from headaches or sinus pain? If yes, where is the pain and how often? _____
_____
Do you smoke cigarettes/ cigars/ pipe? If yes, how much?: _____
Do you consume caffeine (coffee, tea, cola)? If yes, how much?: _____
Sleeping Pattern: How many hours do you sleep per night? _____ What position? _____
Any trouble getting to or staying asleep? _____
What kinds of exercise do you get? _____
Surgery in your lifetime: what, when, and any current symptoms: _____
_____
_____
Injuries in your lifetime: what, when, and any current symptoms: _____
_____
_____
Allergies? _____

Cardiovascular insufficiency: Please check any which apply:

- ☐ high blood pressure
- ☐ low blood pressure
- ☐ chronic congestive heart failure
- ☐ heart disease
- ☐ angina
- ☐ history of myocardial infarction
- ☐ phlebitis/ varicose veins
- ☐ history of cerebro-vascular accident/ stroke
- ☐ presence of pacemaker or similar device
- ☐ cramps in calves/ feet/ toes

Respiratory insufficiency: Please check any which apply:

- ☐ chronic cough
- ☐ bronchitis
- ☐ shortness of breath
- ☐ asthma; if yes, what triggers it? _____
  _____
- ☐ emphysema

Infectious conditions: Please check any which apply:

- ☐ infectious skin conditions
- ☐ TB
- ☐ hepatitis
- ☐ HIV