



CLIENT HEALTH HISTORY

Name: _____ Date of Birth: ____/____/____

Email: _____ Phone: _____

Address: _____

In order to deliver the most efficient use of your session time, please answer the following:

- I have a health condition. Please assess my condition and provide necessary care.
- I have a health condition, but I want shiatsu today mainly for general muscle stiffness and stress.
- I am in good health. I want shiatsu today for general muscle stiffness and stress.

Main Complaint today: _____

Are you receiving any other treatment for this? _____

How does this condition affect you? _____

Please list any medications you are currently taking and what they are for: _____

Please list previous surgeries, injuries or falls and when they occurred:

Please list emotional traumas you have experienced: _____

Please list any physical or emotional ailments you experience regularly. (ie poor sleeping, hives, anxiety, low back pain, etc.)

Occupation: _____ Hours/Week: _____ Do you enjoy it? Y N

Marital status: S M D W Children?: Y N Are you pregnant? Y N

Interests and hobbies: _____
