MUSCULOSKELETAL REHAB INC.
CONFIDENTIAL PATIENT CASE HISTORY

PATIENT INFORMATION

NAME____

ADDRESS____

CITY____STATE__________________ ZIP_______________

HOME PHONE __________________________________ WORK PHONE _______________________________

OCCUPATION ________________________________ SEX _____________________ DOB ________________

REFERRED BY_______________________________ DATEOF ACCIDENT ______________________________

PLEASE ANSWER THE FOLLOWING QUESTIONS

REASON FOR THERAPEUTIC MASSAGE

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WHAT MAKES YOUR CONDITION WORSE

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IF INJURY HAPPENED AT WORK, WAS THE EMPLOYER NOTIFIED? YES NO

HAS THE INSURANCE COMPANY BEEN NOTIFIED? YES N0

ARE YOU CUFFENTLY EMPLOYED? YES NO

HAVE YOU EVER BEEN TREATED FOR THIS CONDITION BEFORE? YES NO

WERE YOU ADMITTED TO THE HOSPITAL? YES NO

DATE OF ADMITTANCE ______________________ DATE OF DISCHARGE ___________________

IF FEMALE ARE YOU PREGNANT? YES #OF MONTHS _________________

ANY SURGERY IN THE PAST 4 YEARS ? YES NO IF YES EXPLAIN

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CIRCLE IF YOU HAVE HAD ANY OF THE FOLLOWING CONDITIONS

Heart conditions	High Blood Pressure	Vasular/ Blood Disorders
Skin Disorders	Immune Disorders	Stomach Disorders
Diabetes	Cancer	Respiratory Disorders
Arthritis	Allergies	heriated/ Bulging disk
Broken Bones	headaches	Back or Chest Aches
Sciatic Pain	leg or foot pain	Neck/ Shoulder Pain
TMJ	Neuropathies	Edema

(PLEASE CIRCLE YES OR NO) DO YOU SMOKE? YES NO DRINK ALCOHOL? YES NO DRINK CAFFEINE? YES NO DRINK SODAS? YES NO

EAT CHOCOLATE? YES NO USE LOTS OF SALT? YES NO

ARE YOU PRESENTLY BEING TREATED BY A PHYSICIAN? YES NO

IF YES EXPLAIN ANY MAJOR HEALTH COMPLAINTS AND OR MEDICATIONS FOR REASON OF TREATMENT

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ANY OTHER PERTINENT INFORMATION YOU THINK MIGHT BE USEFUL, PLEASE CONTINUE ON BACK.

PATIENT SIGNATURE X____

(I HAVE READ AND ANSWERED ALL THE ABOVE INFORMATION TO THE BEST OF MY KNOWLEDGE)