Confidential Health History Information

Please PRINT carefully, all information must be completed and signature is required.

Name: _____Date:_____
Home Address: _____
City: _____ State:_____Zip:_____
Phone: Home_____Work_____Cell_____
Email: _____Date Of Birth: _____
Age: _____If referred, whom may we thank? _____
Is your condition due to an accident or illness? _____ Health Care Provider: _____

Health History:
What are the 3 main reasons you are here today?
1.
2.
3.
Please describe the symptoms that alerted you to the conditions described above. Please include anything you have observed which makes the conditions better or worse.

How long have you had the conditions?

Please list any major injuries, accidents, or surgeries in your past, including the dates.

Please indicate If Any of the Following Apply to You

__Breast Augmentation	**__Hepatitis**	**__Surgery**	**__Diabetes**
__Sprains	**__Pregnant**	**__Broken Bones**	**__Seizures**
__Varicose Veins	**__Neck Pain**	**__Accident**	**__Epilepsy**
__Abdominal Pain	**__Whiplash**	**__Allergies**	**__Colitis**
__High Blood Pressure	**__Headaches**	**__Migraines**	**__Stroke**
__Nervous Tension	**__Back Pain**	**__Joint Pain**	**__HIV/Aids**
__Frequent Headaches	**__Fibromyaligia**	**__Prosthetics**	**__Cancer**
__Heart Problems/Attack	**__Disk Problems**	**__Wear Contacts**	**__Rheumatic Fever**
__Decreased Range of Motion	**__Arthritis/Bursitis**		

Please list any alternatives you are currently using for any of your conditions:

Are you currently under a doctor's care? Y__ N __ If yes please explain:

Are you currently taking any medications? Please include nutritionals. If so, what and what for?

You Need To Know That:

1. I am not a doctor.
2. I do not practice medicine.
3. I do not diagnose or treat for a specific illness.
4. I do not prescribe or adjust medication.

Lifetime Authorization, Waiver, And Release. Please Read Carefully Before Signing. Thank You.

I the undersigned understand that you are NOT treating me for any medical condition, and that I AM submitting myself to your TEMPORARY CARE AT MY OWN RISK, without the benefit of a physician's examination, on this date and subsequent visits. I the undersigned understand that professional services provided to me this date and future visits are legitimate, and I agree and promise to conduct my behavior with propriety. I promise that I will not solicit you for any immoral purpose, nor will I make any unseemly, lewd, obscene, indecent insulting conduct language or behavior. I the undersigned understand that possible alternatives, the risks involved, the possible consequences, and the possibility of complications. I certify that all the information supplied on this form is true, accurate, and complete. In consideration of the foregoing and in consideration of your treating me at my request without benefit of a complete study and analysis, I HEREBY RELEASE AND FOREVER DISCHARGE you and your administrators from all, and all manner of actions and causes of action, damages, malpractice, or liability of any kind, nature, or character arising by reason of said treatments, whether heretofore or hereafter occurring, and whether now known by parties thereto. It is the specific intent and purpose of this instrument to release and discharge and all claims and causes of action of any nature whatsoever, whether known or unknown and whether specifically mentioned or not, which may exist or might be claimed to exist at a prior to or after the date of this instrument, and I the undersigned, specifically and voluntarily wave any claim or right to assert that any cause of action or alleged cause of action or claim or demand has been through oversight or error or intentionally or unintentional omitted from this release. I the undersigned, certify that no guarantee or assurance has been expressed, implied, or made as to the results that may be obtained from the aforementioned therapies. I HAVE READ AND UNDERSTAND THIS DOCUMENT.

Signature_____ Date_____

Print Name_____ Date_____

Thank you for completing this form. At this time, I would like to remind you that at anytime during the course of our work together I cannot make any diagnosis and any suggestions made during your visit is for your educational use only. This is not a substitute for medical care. If you are experiencing any specific medical problem and you have not seen your medical doctor, I RECOMMEND YOU DO SO TODAY!