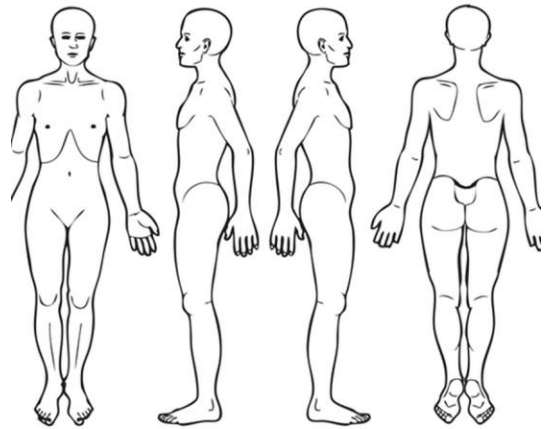


Type of Pain

Please indicate on the picture below:

Joint & Muscle Stiffness mark with X

Numbness & Tingling mark with N



What tends to relieve the pain? _____

What aggravates the pain? _____

Existing or Past conditions

Head/Neck

Headache ____ migraine ____ vision problems ____ earache ____ hearing problems ____

Respiratory

Asthma ____ chronic cough ____ bronchitis ____ emphysema ____

Infectious Conditions

TB ____ HIV ____ Hepatitis ____

Digestive/Urinary

constipation ____ liver/gal bladder ____ kidney/bladder ____ diabetes type 1 ____ type2 ____

Cardiovascular

high / low blood pressure ____ poor circulation ____ heart disease ____ varicose veins ____
chronic congestive heart failure ____ stroke ____ myocardial infraction ____ pacemaker ____

Female

menstrual issues ____ Pregnant ____ Due date ____ menopausal problems ____

Other Conditions

hemophiliac ____ cancer ____ location ____ date last check up ____

epilepsy ____ arthritis OA ____ RA ____ affected areas ____

Blood Pressure (to be taken by therapist) _____

Previous Surgeries or Injuries

Date

