Soma Denton 529 Malone St. Denton, TX 76201 940-536-8720 somadenton.com

Client Information

Name

Address

Home Phone

Cell Phone

Email

Occupation

Date of Birth

Emergency Contact

Name

Phone

It is one of my highest priorities to keep your contact information and medical history absolutely private and confidential. I will not share any of this information, or any of the work that we do during your message, with anyone, without either a subpoena or without your written consent.

Therefore, it is important that you are as detailed and thorough as possible with this form so that I can best treat you, knowing what sort of contraindications I need to make in order to keep both of us safe and comfortable. You may use the back of this form for additional information that you wish to provide.

Please sign and date this form, stating that the information you have provided is correct to the best of your knowledge.

Signature

Date

Health History

Please list any medications you are currently taking:

Please list any allergies you have:

Please circle/highlight any conditions you currently have, or have had in the past:

Arthritis
Bruise easily
Burstis Cancer
Carpal Tunnel
Chronic Fatigue Syndrome
Cold hands or feet Diabetes
Disk/Vertebrae problems
Fibromyalgia
Fungus
Grinding teeth
Headaches
High blood pressure
HIV
Leg/foot cramps
Loss of grip
Loss of movement (where?)
Migraines
Numbness/Tingling (where?)
Sciatica
Skin condition
Stiff neck
Stroke
Surgery
Swollen ankles
Thoracic Outlet Syndrome
Ticklish feet
TMJ
Pain with coughing/sneezing (where?)
Pain with lifting/bending (where?)
Pain with movement (where?)
Pregnant (due date)
Whiplash