

**Soma Denton**

529 Malone St. Denton, TX 76201

940-536-8720

[somadenton.com](http://somadenton.com)



**Client Information**

**Name**

**Address**

**Home Phone**

**Cell Phone**

**Email**

**Occupation**

**Date of Birth**

**Emergency Contact**

**Name**

**Phone**

**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

**Health History**

**Please list any medications you are currently taking:**

**Please list any allergies you have:**

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.

**How did you hear about us?**

- Google
- Facebook
- Yelp
- Newspaper
- Other (please specify)
- I was referred by a friend

**Signature**

**Date**