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Please print clearly & legibly!!

Client Name:_____ M/F DOB_____ Date_____
Cell Ph: _____Texting: Y N Weight:_____ Goal Weight:_____ Height:_____
Measurements: Waist: _____ Arms: _____ Legs: _____ Hips:_____ Neck: _____
Occupation_____Email_____
Emergency Contact:_____ Phone:_____
My General Wellness is: __Good __Fair __Poor How often can you commit to exercise per week _____
Hobbies_____ Exercises you already do: _____
Last Chiropractic treatment _____ Reason_____ Result_____
Who can I thank for the referral:_____ Diet: __Good __Fair __Poor Water:____
Sleep Habits: __Good __Fair __Poor Stress Management: __Good __Fair __Poor
What do you want to accomplish/goals? _____

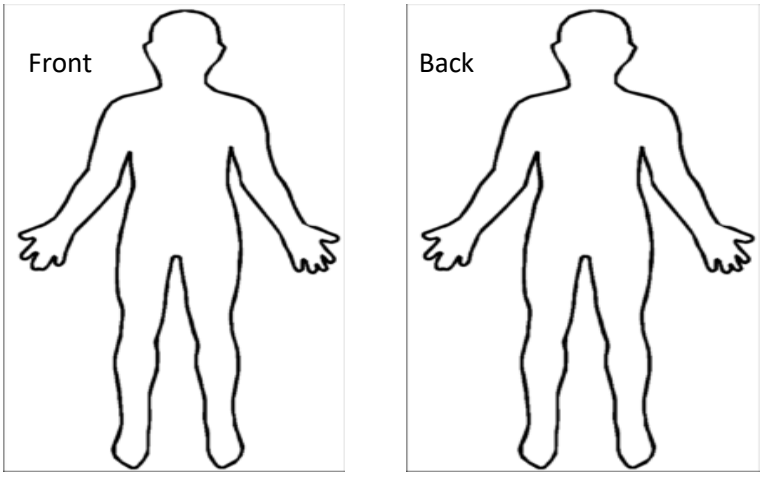
Health Information:

The information on this questionnaire will assist me with your massage as your therapist. All information is kept confidential.
Please answer truthfully and circle all that apply:

Skin Rash	Seizures	Diabetes	Bursitis
High/Low Blood Pressure	Fainting	Osteoporosis	Numbness/Tingling
Heart Conditions	Dizziness	Whiplash	Disk Problems
Chest Pain	Lightheaded	Stiff Neck	Pain: _____
Phlebitis/ Blood Clots	Asthma	Headaches	Sciatica
Bruise Easily	COPD	TMJ/Teeth Grinding	Hip/Knee Replacement
Cancer: _____	Implants	Trauma Y N	Arthritis

Any Injuries, broken bones, or surgeries? _____
Are you want Medications: (prescription & nonprescription) _____
_____
Any pain with movement: Y N Have you seen a doctor for the pain? Y N Results? _____
Any Allergies: (Oils, Nuts, Seeds, Medications, Etc.) _____
Females: Are you Pregnant? Y N; If so how far long? _____ Are you considered high risk? Y N

Circle problem areas:



Static Postural Assessment: Observations

Kinetic Chain Checkpoint:	Anterior View	Posterior View	Lateral View	Additional Comments
Foot and Ankle				
Knee				
LPHC				
Shoulder				
Head and Neck				

Overhead Squat Assessment (OHSA)

View	Kinetic Chain Checkpoint	Observation	Notes			
			Left	Right	Left	Right
Anterior	Foot / Ankle	Feet turn out?	Y or N	Y or N	Y or N	Y or N
	Knee	Knees moves in?	Y or N	Y or N	Y or N	Y or N
Lateral	Lumbo-pelvic-hip-complex	Excessive Forward lean?	Yes or No			
		Low back arches?	Yes or No			
	Shoulder	Arms fall forward?	Yes or No			

Single-Leg Squat Assessment

View	Kinetic Chain Checkpoint	Observation	Notes	
Anterior	Knee	Knees moves in?	Left	Right
			Y or N	Y or N
	Ankle	Ankle moves in or out?	Y or N	Y or N
	Arms	Arms move out or down?	Y or N	Y or N