

New Client Information, page 2

Name: _____ Date: _____

HEALTH HISTORY:

List any major illnesses, injuries, surgeries (with approx. dates):

Any major scars or body piercings (please list): _____

of pregnancies: _____ Are you currently pregnant: Y/N

Marital status (please circle): Single, Married, Divorced, Widowed

Name of Spouse or Partner: _____

Describe health of Spouse or Partner: _____

of Children: _____ Any concerns or health issues (if so, please list):

Any family history of serious illnesses (circle those which apply): Cancer / Diabetes / Heart / Stroke / Other: _____

Any household pets or other animals you or family members are in close contact with:

How can we help you? _____

SIGNED: _____ **DATE:** _____

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