

Brenda Pulvermacher BSc

Client Health History

For your information: An accurate health history is important to ensure that it is safe for you to receive treatment. If your health status changes please let us know. All information gathered is confidential, except as required or allowed by law, or except to facilitate assessment or treatment. You will be asked to provide written authorization for release of any information.

Date _____

Name _____

(Parent/Guardian name if applicable)

Address _____

Home Phone _____

Cell Phone _____

Email _____

Occupation _____

Birthdate _____

Doctor (Name & Phone) _____

Referred by _____

Present condition

Why are you here?

Related or other problems:

Are you now receiving any treatment?

What other treatments have you received?

Medications and/or remedies

Past motor vehicle accident, fractures or injuries

Past surgery (nature and date)

Please complete the form on the other side

Please cancel at least **24 hours** in advance to avoid being charged for the missed appointment.

Initials here: