

## Tui Na Therapy - Medical History Form

**CONFIDENTIAL**

**PLEASE CHECK BOXES OR FILL IN SPACES WHERE APPLICABLE**

To assist in providing you with the best possible care, please fill in this form as accurately as you can

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date (MDY): \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last Name First Name

Address: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Apt#, Street City Province Postal code

Phone: (home) \_\_\_\_\_ (other) \_\_\_\_\_ E-mail \_\_\_\_\_

Occupation: \_\_\_\_\_

How did you hear about Tui Na being offered at this clinic \_\_\_\_\_

What condition or area would you like treated? \_\_\_\_\_

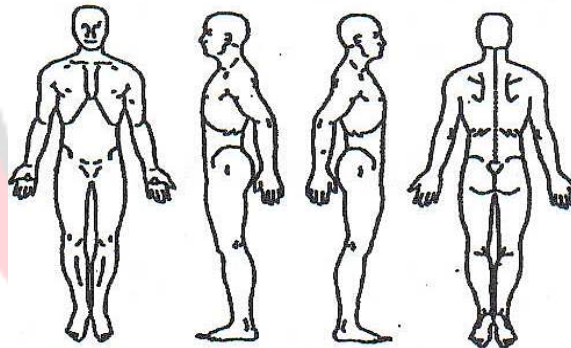
Please list any major surgeries, injuries, and/or accidents: \_\_\_\_\_

Please list any medications you are currently taking: \_\_\_\_\_

PLEASE CHECK ANY OF THE FOLLOWING CONDITIONS THAT APPLY TO YOU:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Headaches        | <input type="checkbox"/> Abdominal Problems     | <input type="checkbox"/> Bruises Easily |
| <input type="checkbox"/> Dizziness        | <input type="checkbox"/> Acute Inflamed Areas   | <input type="checkbox"/> Plates or Pins |
| <input type="checkbox"/> Loss of Sleep    | <input type="checkbox"/> Varicose Veins         | <input type="checkbox"/> Allergies      |
| <input type="checkbox"/> Numbness         | <input type="checkbox"/> Heart Condition        | <input type="checkbox"/> Cancer         |
| <input type="checkbox"/> Nausea           | <input type="checkbox"/> Loss of Skin Sensation | <input type="checkbox"/> Respiration    |
| <input type="checkbox"/> Neck / Backaches | <input type="checkbox"/> Skin Disorders         | <input type="checkbox"/> Diabetes       |
| <input type="checkbox"/> Arthritis        | <input type="checkbox"/> High Blood Pressure    | <input type="checkbox"/> Other _____    |

On the figures below, Please circle any areas of pain/concern:



### Patient Advisory and Office Fee Policy

During or after a Tui Na therapy treatment certain side effects, although rare, may result. These could include, but are not limited to: pain or discomfort, and the possible aggravation of symptoms existing prior to treatment. No guarantees concerning its effects are given and you are free to refuse treatment at any time.

**Tui Na Therapy:                      55 Minutes: \$75                      25 Minutes: \$40**

**PATIENTS WILL BE CHARGED FOR ANY MISSED APPOINTMENTS NOT CANCELLED 24 HOURS PRIOR TO THE APPOINTMENT TIME.**

By signing below, I do hereby voluntarily consent to be treated by a Tui Na Therapist at BodaHealth™.

PATIENT'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_