

# Patient Health History Form

**Healthy Roots Massage Therapy & Wellness Centre**  
330 Gardiner Park Court, Regina, SK, S4V 1R9 522- KNOT (5668)

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_  
**DOB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Work #:** \_\_\_\_\_  
          Day       Month       Year

**E-mail Address:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_ **Emergency Contact:** \_\_\_\_\_  
**Referred By:** \_\_\_\_\_ **Emergency Contact: Ph#:** \_\_\_\_\_  
**Physician's Name:** \_\_\_\_\_ **Dr. Phone #:** \_\_\_\_\_  
**Allergies:** \_\_\_\_\_  
**Sports & activities:** \_\_\_\_\_  
**Current medications:** \_\_\_\_\_

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**Are you under medical care for any of the following: (circle)**

Heart Conditions	High/Low blood pressure	Fainting or Dizziness
Varicose Veins	Phlebitis/Circulatory problems	Headaches or Migraine
Neck Injury	Back Injury	Jaw or Ear pain
Osteoporosis	Rheumatoid Arthritis	Osteoarthritis
Cancer	Kidney Disease	Skin conditions
Diabetes	Asthma/Respiratory	Fibromyalgia
Crohn's Disease	Pelvic Inflammatory Disease	Epilepsy
Nervous Disorders	Whiplash	Other: _____

**Have you received care from any of the following: (circle)**

Physiotherapist	Chiropractor	Massage Therapist
Naturopath	Acupuncture:	Other: _____

**Reason for today's treatment:** \_\_\_\_\_

**Have you had surgery in the past? For what?** \_\_\_\_\_

**Have you had any fractures/sprains in the past? Where?** \_\_\_\_\_

**Have you had any serious illnesses in the past? What?** \_\_\_\_\_

**Did the current injury result from a motor vehicle accident or workplace injury?** \_\_\_\_\_

**Adjuster:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Claim #:** \_\_\_\_\_

**Have you had any of the following regarding your current condition: (circle)**

Physician's examination        x-ray        other diagnostic tests

**What relieves your pain?** \_\_\_\_\_

**What aggravates your pain?** \_\_\_\_\_

**Signature of Patient or Guardian:** \_\_\_\_\_