



RUSS Medical and Sport M A S S A G E C L I N I C

CONFIDENTIAL CLIENT/PATIENT HEALTH HISTORY

Name: _____ Date: ____/____/____
 Street Address: _____
 City: _____ State: _____ Zip: _____ - _____
 Occupation: _____ Employer: _____
 SSN (Insurance Claims ONLY): ____ - ____ - ____ Date of Birth: ____/____/____ Age: ____
 Single: __ Married: __ Divorced: __ Widowed: __ Spouses Name: _____
 Home Phone: ____ - ____ - _____ Work Phone: ____ - ____ - _____
 Emergency Contact (Name): _____ Phone: ____ - ____ - _____
 Email Address: _____

Doctors' Name: _____ Referred By: _____
List Medications:
 1- _____ 2- _____ 3- _____
 4- _____ 5- _____ 6- _____
 7- _____ 8- _____ 9- _____
List Vitamins, Minerals & Supplements:
 2- _____ 2- _____ 3- _____
 4- _____ 5- _____ 6- _____
 7- _____ 8- _____ 9- _____

Please describe your present symptoms or major complaint(s) (If none go to back of form):

 Is the condition: __ Improving? __ Getting Worse? __ Constant? __ Comes & Goes?
 Has there been a medical diagnosis? ____ If yes, what is it? _____
 When was it made? ____/____/____ By Whom? _____
 When did you first notice this complaint? ____/____/____ _____
 What do you think is the cause? _____
 What aggravates the condition? _____
 What have you done to get relief? _____

Do you have difficulty with any of the following?

GENERAL

- Allergy
- Chills
- Convulsions
- Depression
- Diabetes
- Dizziness
- Epilepsy
- Fainting
- Fatigue
- Fever
- Goiter
- Headache
- Hypoglycemia
- Loss of Sleep
- Metal Implants
- Nervousness
- Neuralgia
- Numbness
- Sweats
- Tremors
- Tingling sensations
- Under stress

GASTRO-INTESTINAL

- Belching or gas
- Colitis
- Constipation
- Diarrhea
- Difficult digestion
- Gall Bladder trouble
- Hemorrhoids
- Jaundice
- Liver problems
- Frequent Vomiting

MUSCLE AND JOINT

- Arthritis
- Bursitis
- Foot trouble
- Fractures
- Gout
- Hernia
- Low Back Pain
- Neck Pain or Stiffness
- Pain between Shoulders
- Sciatica
- Swollen Joints
- Strains or Sprains

EYES, EARS, NOSE, THROAT

- Asthma
- Frequent Colds
- Frequent Earaches
- Frequent Nosebleeds
- Frequent Sore Throat
- Ear Noises
- Hay Fever
- Chronic Hoarseness
- Sinus Infection
- Chronic Tonsillitis

RESPIRATORY

- Chest Pain
- Chronic Cough
- Difficulty Breathing
- Emphysema
- Wheezing

CARDIO-VASCULAR

- Hardening of Arteries
- High Blood Pressure
- Low Blood Pressure
- Heart trouble
- Poor Circulation
- Swelling of the Ankles
- Stroke
- Varicose Veins

SKIN

- Boils
- Bruise Easily
- Dryness
- Itching
- Eczema
- Psoriasis

GENITO-URINARY

- Bladder Infections
- Blood in Urine
- Frequent Urination
- Painful Urination
- Prostate trouble
- Kidney/Bladder Stones

WOMEN ONLY

- Congested Breasts
- Excess Menstrual flow
- Hot Flashes
- Irregular Cycle
- Lumps in Breast
- Painful Menstruation

List surgeries, broken bones, other...

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

Signature: _____ Date: ____ / ____ / ____