

# WELLNESS WITHIN

Welcome and thank you for choosing to find Wellness Within. To ensure the best treatment plan to meet the needs of you life and your body, it is important that I request as complete a relevent health history as you feel compelled to share. (please do not skip highlighted lines)

**NAME** \_\_\_\_\_ **HEIGHT/WEIGHT** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_  
\_\_\_\_\_  
**PHONE NUMBER** \_\_\_\_\_ **EMPLOYER** \_\_\_\_\_  
**EMAIL** \_\_\_\_\_ **JOB TITLE** \_\_\_\_\_  
\_\_\_\_\_  
**WORK PHONE** \_\_\_\_\_

**HAVE YOU EVER RECEIVED THERAPUTIC MASSAGE BEFORE?** \_\_\_\_\_ **HAVE YOU EVER RECEIVED RELAXATION MASSAGE BEFORE?** \_\_\_\_\_  
**HOW OFTEN?** \_\_\_\_\_ **HOW OFTEN?** \_\_\_\_\_

**IF YES, WHAT DID YOU ENJOY THE MOST?** \_\_\_\_\_  
**WHAT DID YOU ENJOY THE LEAST?** \_\_\_\_\_

**WHY ARE YOU GETTING BODYWORK TODAY?** \_\_\_\_\_  
**HOW DID YOU HEAR ABOUT MY PRACTICE?** \_\_\_\_\_  
**HAVE YOU EVER RECEIVED ANY OTHER SORT OF BODYWORK OR ALTERNATIVE THERAPIES?** \_\_\_\_\_  
**IN ONE WORD, DESCRIBE YOUR TAKE ON BODYWORK** \_\_\_\_\_

**DESCRIBE YOUR CURRENT METHODS OF SELF CARE** \_\_\_\_\_  
\_\_\_\_\_

**IS YOUR PHYSICAL FITNESS IMPORTANT TO YOU?** Y / N **IS DIET AND NUTRITION IMPORTANT TO YOU?** Y / N  
**DO YOU SLEEP WELL? DEEPLY? THROUGH THE NIGHT?** \_\_\_\_\_  
**IF THERE WAS ONE THING YOU WOULD IMPROVE ABOUT HOW YOUR BODYWORKS FOR YOU, WHAT WOULD IT BE?** \_\_\_\_\_  
\_\_\_\_\_

**ARE YOU CURRENTLY UNDER THE CARE OF A PHYSICIAN?** \_\_\_\_\_ **WHO?** \_\_\_\_\_

**PLEASE LIST ANY HOSPITALIZATIONS OR MAJOR INJURIES (WITH DATES)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LIST ANY PRESCRIPTIONS MEDICINES YOU ARE CURRENTLY TAKING** \_\_\_\_\_

**LIST ANY OTC MEDICATIONS YOU ARE TAKING ON A REGULAR BASIS** \_\_\_\_\_

**WHAT DO HOPE TO ACHEIVE THROUGH YOUR BODYWORK SESSIONS?** \_\_\_\_\_  
\_\_\_\_\_

**USING THE FOLLOWING PAIN SCALE, WHERE WOULD YOU SAY YOU SPEND THE MAJORITY (MORE THAN 50%) OF YOUR LIFE?**

