

Name _____ Phone _____
Address _____ City _____
Emergency Contact _____ Phone _____
Date of Birth _____ Email _____

Reason you are here today? _____

Often current symptoms are rooted in events that happened years ago. Each event (trauma, surgery or mishap) causes a compensation pattern. The body layers one compensation pattern over the next, pain results when the body can no longer create an adaptive response. Please take a moment to breathe and feel into your body. Then answer the next questions thoughtfully.

Trauma - accidents, surgery, bumps and bruises

Year /Age _____ Describe _____

Please list any medications you are taking and why

Circle any of the following that apply

G/I System- heartburn, indigestion, bloating, ulcers, Crohn's, colitis, diarrhea, constipation, diverticulitis, SIBO, abdominal pain, hemorrhoids

Nervous System - headaches, migraines, neck pain, whiplash, fall on coccyx, anemia, depression, anxiety, numbness or tingling, nerve pain, muscle atrophy, itching

Cardiovascular System- stroke, heart attack, rapid heartbeat, chest pain, high/low BP

Respiratory System - chronic cough, asthma, difficulty taking a full breath, allergies,

Liver and Glandular System - hepatitis, hypo/hyper thyroid, diabetes, kidney issues, gall bladder issues,

Pelvic System - incontinence, fertilization issues, menstrual pain, pain with intercourse, prostate issues

Skeletal System - osteoporosis, osteopenia, disc issues, limited joint range of motion, back pain(upper/middle/low)

TMJ _____

Other - cancer, eczema, edema, _____

Do you have **ANY** devices in your body? IUD, Pacemaker, stent, etc

What do you do for exercise? _____

Do you drink water to hydrate? _____

Visceral Manipulation can enhance organ function and decrease musculoskeletal issues by releasing soft tissue restriction that impact circulation and nerve conduction.

I understand that Visceral Manipulation is not a replacement for medical care and that no diagnosis will be made.

A \$50 charge will be assessed for any appointment canceled without 24 hour notice.

Signature _____ Date _____

Print Name _____

Would you like to receive a 5 minute health tip every month? _____