



- Expert Session
- Senior Session
- Director Session

- Apprentice Session

HEALTH HISTORY

This is your confidential client history form. Please fill out as much information as possible and sign.

REASON FOR VISIT: *(i.e. current/past injury, overall fitness)*

INFORM US OF ANY DIAGNOSED INJURIES AND/OR MOVEMENT LIMITATIONS:

LIST YOUR PAST/CURRENT MEDICAL HISTORY:

LIST ANY OTHER MEDICAL PRACTITIONERS YOU CURRENTLY USE: *(e.g. Physicians, Physical Therapists, Manual Therapists)*

LIST YOUR PHYSICAL ACTIVITIES AND FREQUENCY: *(e.g. gardening, weight lifting, children, sports, dance)*

LIST ANY ALLERGIES OR MEDICATIONS THAT YOU ARE TAKING: *(e.g. latex)*

CLIENT SIGNATURE: _____