CR♥CKETT'S
WELLNESS CORNER

Health Release Intake Form

PERSONAL HISTORY

Please check if you have any of the following medical conditions:

	Allergies – What kind		Muscle cramping
	Arthritis		Neck problems
	Asthma		Osteoporosis
	Back problems – Upper – Lower – Middle		Neurological diseases – M.S. – Epilepsy – Parkinson's – Other
	Cancer – What kind		Skin problems – Rashes – Psoriasis – Eczema – Other
	Diabetes		Stomach problems – What kind
	Dislocations or fractures – Where – What kind		Surgeries – Where – What kind
	Edema		TMJD
	Gout		Varicose Veins – Where
	Headaches		Areas of numbness, weakness, or shooting pain in arms or legs.
	Heart problems – What kind		Recent injuries or accidents – Motor vehicle – X-rays taken
	Hernia – What kind		Are you pregnant?
	Hepatitis (Liver disease)		Do you have a pacemaker or external defibrillator?
	High cholesterol		Contagious diseases – Herpes – Other – AIDs
	Hypertension (High blood pressure controlled by medications)		Other health problems or things you would like me to know about you?
	Kidney disease		
	Mental/emotional problems		
	Low blood pressure		

FAMILY HISTORY

Please check if an family member have had any of the following medical conditions and if so, please indicate who next to it.

	Alcohol problems		Liver disease
	Cancer		High blood pressure
	Congenital problems		Mental/emotional problems
	Diabetes		Stroke
	Heart Disease		Other