



Intake Health Questionnaire

Have you ever been diagnosed with any of the following conditions:

- Cancer
- Fractures
- Stroke
- Diabetes
- Respiratory Conditions
- Fibromyalgia
- Heart Disease
- Arthritis
- Other

Check any that apply

- Pacemaker
- Chance you're pregnant
- Latex Allergy
- Metal in body If yes explain: _____

Check any of these symptoms in the last 3 months:

- Dizziness
- Headaches
- Night Pain
- Nausea/vomiting
- Unexplained Weight Loss
- Fever/Chills/Sweats
- Numbness/Tingling
- Bowel/Bladder Changes

Current Medications:

Any additional information I would like my therapist to know: