Merrick Massage Therapp

Deirdre McDonough, LMT

PATIENT INFORMATION IS CONFIDENTIAL

In accordance with HIPAA and our own integrity, all information is confidential and will not be given to anyone without your expressed written consent.

Name	oday's Date			
Date of birth	Email			
Address	Referred by			
City State Zip	Emergency contact name & relationship			
Preferred Phone # Home Cell Office	Emergency contact phone			
Alternate phone # Home Cell Office	Physician's name			
Occupation	Physician's phone			
Do you wear: Contact Lenses? Yes No Hearing Aids? Y	nol/Tobacco Use: Occasionally Frequently Never			
If yes, please describe				
Any other known allergies? Yes No				

If yes, please describe



Health History Please indicate if you currently experience or have had in the last 6 months:

lf Yes,		Describe if applicable	lf Yes,		Describe if applicable
Muscloskeltal		Skin			
Muscles Sprain / Strains			Allergies, please specify:		
Scoliosis			Rashes		
Disk Problems			Cosmetic Surgery		
Joint Pain			Athlete's Foot / Fungus		
Cervical (Neck) Pain			Herpes/Cold Sores		
Thoracic (Mid back) Pain					
Lumbar (Low back) Pain					
Osteoporosis			Circulatory		
Broken Bones			Heart Condition		
Tendonitis/Bursitis			Phlebitis/Varicose Veins		
Arthritis/Gout			High/Low Blood Pressure		
Jaw Pain (TMJ)	$\uparrow \uparrow$		Lymphedema		
Bone or joint disease			Thrombosis/Embolism/		
Shoulder Pain			Anemia		
Carpal Tunnel(Wrist Pain)			Aneurysms		
Respiratory			Nervous System	•	
Breathing Difficulty/Asthma			Shingles		
Emphysema	\vdash		Numbness/Tingling		
Allergies, specify:			Pinched Nerve		
Sinus Problems		Chronic Pain			
	\vdash		Paralysis		
Digestive			Multiple Sclerosis		
-	П		Parkinson's Disease		
Irritable Bowel Syndrome			Parkinson's Disease		
Bladder/Kidney Ailment			Dennederation		
Colitis			Reproductive		
Crohn's Disease			Pregnant, stage		
Ulcers		Ovarian/Menstrual Problems			
		Prostate			
Migraines/Headaches	$\left - \right $		Lupus	<u> </u>	
HIV/AIDS	\vdash		Diabetes		
Depression	$\left - \right $		Cancer/Tumors		
Anxiety/Stress Syndrome	$\left \right $				
	1 I			1	