

## Health And Well Being History Form

Name:	Email:
Address:	City, State, Zip:
Home Phone:	Other Phone:
Cellular Phone:	Referred by:
Date:	Date of Birth:

**PART 1.**

\* Please answer the following questions honestly and to the best of your ability.



Describe the problem(s) for which you seek help. Please include dates when each problem occurred:


Past medical history (previous injuries, accidents, surgeries, etc. Please describe and include approximate dates:


List the medications (including over the counter) you are presently taking:


What daily activities are you finding difficult or are limited because of your above complaints:


Have you ever had this problem before, and if so when?


What are your goals from BodyTalk?


Please list any other kind of healthcare professional you are seeing for this/these problem(s):


Please list any medical tests you have had within the past year:
