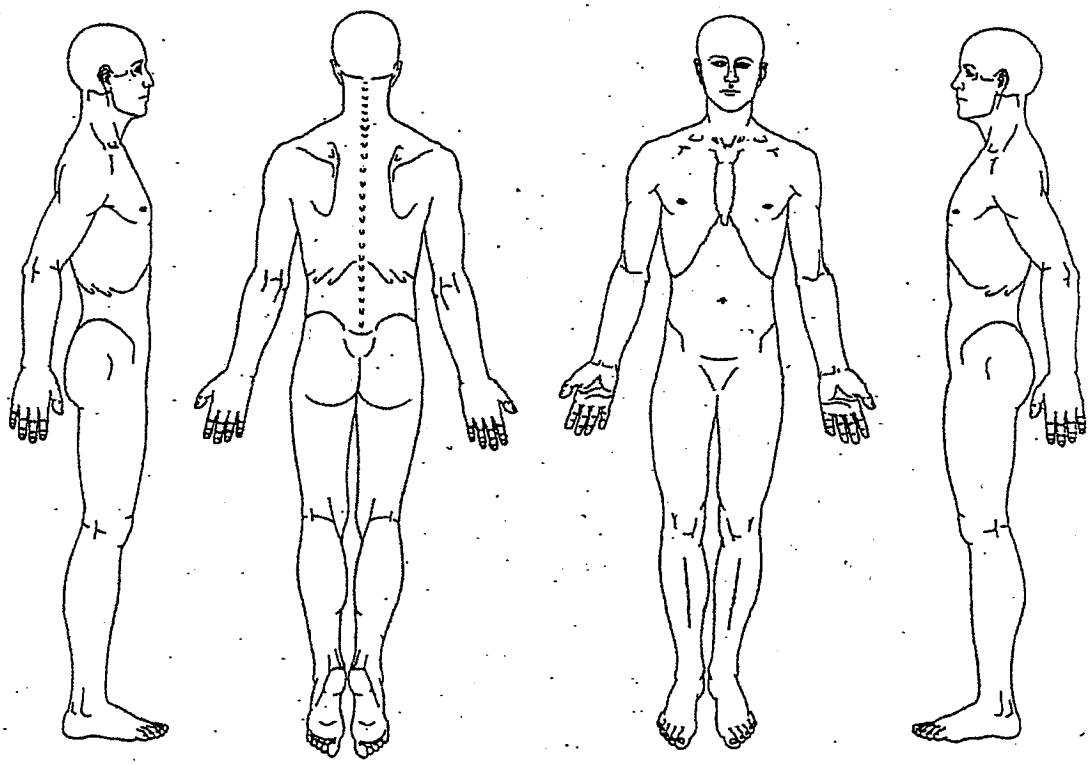
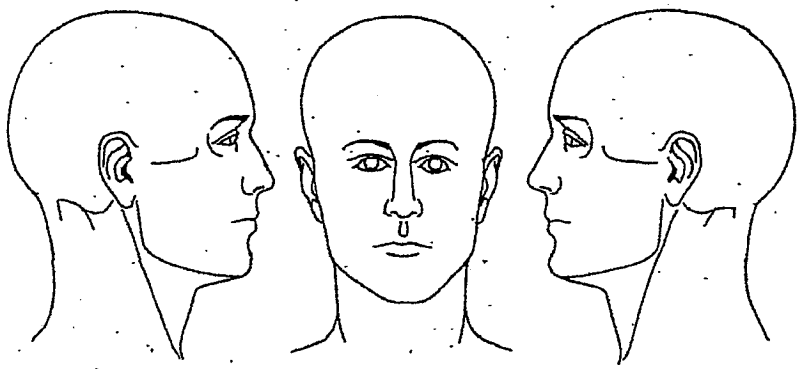
PAIN RECORD

NAME _____ AGE _____ SEX _____ DATE _____

MAJOR PROBLEM TODAY: _____

WITH RED PENCIL, COLOR THE AREAS WHERE YOU'VE HAD PAIN LATELY:





Today's Date: _____

Name _____ Age ___ Birth Date _____ Marital Status ____

Address _____ Occupation _____

_____ Height _____ Weight _____

Phone (Home) _____ (Work/Cell) _____ Email _____

Emergency Contact _____ Referred by _____

Describe any chronic pain/tension. For how long?

Is your pain/tension worse in the morning or evening?

Does your work or any other activity increase your pain/tension?

Current Medical Issues and Treatments:

Past Medical Issues and Treatments:

Are you currently under the care of a physician?_____

If yes, what are you being treated for? _____

Are you currently under the care of a chiropractor? _____

If yes, what are you being treated for? _____

Are you currently under the care of an alternative medicine practitioner? _____

If yes, what are you being treated for? _____

Please list any medications, vitamins and supplements you are currently taking:

_____

Are you currently receiving any other body or energy therapies? _____

If yes, what for? _____

Please check any of the following that apply to you (in the past or currently):

___ Heart problems	___ Arthritis	___ Back problems
___ High blood pressure	___ Osteoarthritis	___ Spinal problems
___ Blood clots	___ Wear contact lenses	___ Disc problems
___ Varicose veins	___ Pregnant	___ Joint problems
___ Pacemaker	___ Diabetes	___ Accidents or Injuries
___ Neurological problems	___ Surgery	___ Major illness or disease
___ Headaches	___ Epilepsy or Seizures	___ Recent breaks/sprains

How frequently and for how long do you exercise and what do you do? Include sports, yoga, gardening, other physical activities:

Consent for Thai Bodywork Treatment

I understand that the purpose of Thai Bodywork is for relaxation and that it is not meant to diagnose or treat any illness, disease or any other physical or mental disorder, injury or condition. I have informed my Thai Bodywork practitioner about my state of health and any recommendations and restrictions on the part of my medical doctor or therapist insofar as bodywork is concerned.

Client Signature **Date**

X