

Soundtouch Healing Arts

Confidential Health History Form

Thank you for completing this form so that we may provide you with the treatment best suited for your health needs. If you have questions, please ask.

Date _____ Height _____

Name _____ Birthdate/Age _____ Weight _____

Address _____

Occupation _____

Email _____ Phone (C) _____ (H) _____

Physician Name/Phone # _____ / _____

Relationship Status Married ☐ Partnered ☐ Divorced/Separated/Widowed ☐ Single ☐

Referred By _____

Emergency Contact/Relation to you _____ Phone _____

Main problem(s) you'd like help with: _____

Do you have a diagnosis for the problem(s)? _____

When did the problem(s) begin? _____

To what extent does the problem(s) interfere with your daily activity (work, sleep, etc.)? _____

What kind of treatment/concurrent therapies have you tried? _____

Current medications _____

Allergies (drugs, chemicals, scents, foods, etc.) _____

Surgeries (type & date) _____

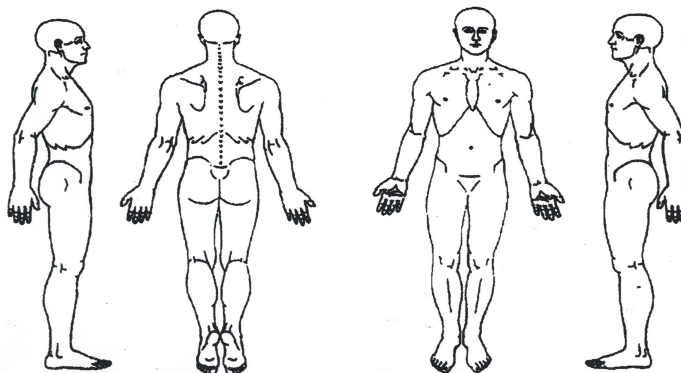
Significant trauma (auto accidents, falls, etc.) _____

Significant dental work _____

Other comments _____

Health History

Mark painful or distressed areas:



General Health Status:

☐ **Excellent**

☐ **Good**

☐ **Fair**

☐ **Poor**

Health History: Check any conditions that you have ever or are now experiencing & date of occurrence:

Soft Tissue/Joints

- ☐ tendonitis/bursitis
- ☐ weakness _____
- ☐ sprains/strains
- ☐ arthritis – OA/RA/other
- location: _____
- ☐ herniated discs

Headaches

- ☐ headaches
- ☐ migraines
- ☐ tooth/jaw/ear pain
- ☐ head trauma

Accident/Injury

- ☐ car accident
- ☐ whiplash
- ☐ fractures
- date _____
- symptoms _____
- limitations _____

Women

- ☐ pregnant – due _____
- ☐ gynecological _____

Family Medical

History/Relationship

- ☐ allergies
- ☐ arthritis
- ☐ asthma
- ☐ cancer
- ☐ diabetes
- ☐ heart disease
- ☐ high blood pressure
- ☐ seizures
- ☐ other _____

Respiratory

- ☐ chronic cough
- ☐ shortness of breath
- ☐ bronchitis
- ☐ asthma
- ☐ emphysema
- ☐ pneumonia
- ☐ sinus problems

Cardiovascular

- ☐ high blood pressure
- ☐ low blood pressure
- ☐ heart attack
- ☐ phlebitis
- ☐ stroke/CVA
- ☐ pacemaker
- ☐ bypass/transplant
- ☐ angina
- ☐ congestive heart failure

Infectious Disease

- ☐ hepatitis
- ☐ tuberculosis
- ☐ HIV/AIDS
- ☐ other: _____

Skin

- ☐ skin condition
- ☐ bruise easily
- ☐ herpes
- ☐ varicose veins
- ☐ athlete's foot
- ☐ warts/plantar warts
- ☐ loss of sensation

Other Conditions

- ☐ neurological conditions
- ☐ epilepsy
- ☐ diabetes – onset _____
- ☐ allergies – anaphylaxis Y/N
- ☐ cancer _____
- ☐ vision problems
- ☐ hearing loss/tinnitus
- ☐ constipation
- ☐ other digestive issues
- ☐ insomnia/sleeping problems
- ☐ kidney/bladder issues
- ☐ hemophilia
- ☐ fibromyalgia
- ☐ osteoporosis
- ☐ surgical implants
- ☐ other _____

I have checked all my previous & current medical conditions and will update the practitioner regarding any changes in my medical condition:

Print name

Signature

Date

Soundtouch Healing Arts

Office Policies:

Welcome to Soundtouch Healing Arts. Sound healing can help relieve symptoms caused by injury, illness and daily stress. In order to receive full benefits from each therapeutic treatment it is necessary for both myself, the practitioner, and my clients, to bring to each treatment a respect for each other and an honoring of the healing session. Please honor the following policies:

There will be a quick assessment prior to each treatment so **please arrive five minutes early**. Appointments begin and end at the scheduled time; if you arrive late for an appointment, the session will not be extended. You'll be responsible for full payment via cash or check at the end of each treatment. Checks are made out to Soundtouch Healing Arts.

Missed appointments will be charged at ½ the rate for the time scheduled and emergency situations are handled at my discretion. You will not be charged for treatments canceled 24 hours before your scheduled appointment time. If I miss an appointment you will receive half off your next treatment.

If you are ill or feel like you're getting ill, please call/text to cancel your appointment. You will not be charged for the appointment as long as I receive a call/text an hour prior to your scheduled session. I too will cancel our appointment if I'm feeling ill.

The healing session is for your health, wellness and comfort; you have the right to end the treatment at any point should you feel the need. Your feedback regarding the location of symptoms is encouraged during the treatment and it's important I know if you're cold or feeling uncomfortable in any way.

I reserve the right to end the treatment at any time and discontinue service in the case of frequent/habitual cancellations/rescheduling. If I'm unable to treat you, I will refer you to another trusted health care professional.

Thank you,
Janie Keilwitz, MN, BSN, RN

Your Signature

Date