Reworks Extended Medical Intake Form

Please attach to the Reworks Health Intake Form!

Name	Today's Date//
Please review this list and check any of these conditions that are or have previously affected your health:	
□ arthritis	$\hfill\Box$ depression, panic disorder, other psychological condition
□ diabetes	□ diverticulitis
□ blood clots	□ headaches
□ bruise easily	□ heart conditions
□ cancer	□ back problems
□ chronic pain	□ high blood pressure
□ constipation/diarrhea	□ insomnia
□ auto-immune condition*	□ muscle strain/sprain
□ hepatitis (A, B, C or other)	□ pregnancy
□ skin conditions	□ scoliosis
□ stroke	□ seizures
□ surgery	□ whiplash
□ TMJ disorder	□ chemical dependency (alcohol, drugs)
* AIDS, fibromyalgia, chronic fatigue, lupus, etc)	
If there is something not listed above or there is anything else you feel needs to be brought to our attention, please do so:	
 Please read the following information and sign below: Massage therapy is not a substitute for sound medical advice. If you are not feeling well, please inform me now and seek appropriate medical attention. We can always reschedule. Being that message should not be done under certain medical conditions, I affirm that I have answered all questions pertaining to all medical conditions truthfully. I have read, agree to and signed all policies on the Reworks Health Intake form as well. 	
Signature:	Date/ / y
Version 3.0 8/2021	