

mind the body
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The information in this form is confidential and will only be used by **mind the body** for the purposes of assessment.

Name: _____ Phone (home): _____

Address: _____ Phone (work): _____

_____ Postal Code _____ email: _____

Date of birth: _____ Occupation: _____

Doctor's Name: _____ MD phone: _____

How did you hear about **mind the body**? _____

Health History

Please check the conditions that you are experiencing or have experienced in the past.

Head / Neck

- ___ Headaches
- ___ Vision Problems
- ___ Contact Lenses
- ___ Earaches

Respiratory

- ___ Chronic Cough
- ___ Shortness of Breath
- ___ Smoking
- ___ Breathing Problems, spec.

Cardiovascular

- ___ High blood pressure
- ___ Low blood pressure
- ___ Poor circulation
- ___ Heart disease
- ___ Phlebitis
- ___ Stroke
- ___ Varicose veins
- ___ Heart palpitation
- ___ Anemia
- ___ Atherosclerosis

Skin

- ___ Skin conditions, spec.
- _____
- ___ Bruise easily

Infections

- ___ Hepatitis
- ___ Herpes
- ___ Plantar warts
- ___ TB
- ___ HIV, AIDS
- ___ Other, spec

Women's Health

- ___ Menstrual problems/pain
- ___ Caesarean section
- ___ Gynecological surgery
- _____
- ___ Pregnant: Due date _____
- ___ Children: number _____
- ___ Menopausal problems

Surgery

- Type: _____
- Date: _____
- Current symptoms: _____
- _____

Current Medications

- Name(s) and for what conditions:
- _____
- _____
- _____

Other Conditions

- ___ Digestion difficulties
- ___ Constipation
- ___ Liver disease
- ___ Gall bladder disease
- ___ Kidney disease
- ___ Bladder dysfunction
- ___ Diabetes
- ___ Allergies
- ___ Sinus
- ___ Insomnia
- ___ Cancer
- ___ Arthritis, which joints?

Are you currently receiving treatment from:

- ___ Massage therapist
- ___ Physiotherapist
- ___ Osteopath
- ___ Chiropractor
- ___ Naturopath
- ___ Homeopath
- ___ Acupuncturist
- ___ Midwife
- ___ MD
- ___ Other _____

Are you currently experiencing any muscle pain or stiffness and/or joint discomfort in the following areas?

- | | |
|---|--|
| <input type="checkbox"/> Neck | <input type="checkbox"/> Sacroiliac joint |
| <input type="checkbox"/> Upper back | <input type="checkbox"/> Hip: R or L |
| <input type="checkbox"/> Shoulders | <input type="checkbox"/> Buttocks / sciatica |
| <input type="checkbox"/> Arms: R or L | <input type="checkbox"/> Knee: R or L |
| <input type="checkbox"/> Wrists: R or L | <input type="checkbox"/> Ankle: R or L |
| <input type="checkbox"/> Mid back | <input type="checkbox"/> Plantar fascia / arches |
| <input type="checkbox"/> Low back: R or L | <input type="checkbox"/> Toes, spec. _____ |

Are you currently or have you in the past experienced any of the following?

- Broken bone, spec. _____
- Sprains, ligamentous issues spec. _____
- Disc issues, spec. _____
- Nerve issues, nerve referral, spec. _____
- Do you have any surgically implanted metal plates or other, spec. material and where _____
- _____
- Have you been diagnosed with scoliosis, structural ____ or functional ____ what level _____
- Do you have any structural abnormalities i.e. extra vertebrae, spec. _____
- Have you been diagnosed with a leg length discrepancy, structural ____ or functional ____
- Do you wear orthotics?

Exercise Related History

Are you currently or have you in the past been involved in any of the following activities?

- | | | | |
|--|-----------------------------------|--|---|
| <input type="checkbox"/> Pilates | <input type="checkbox"/> Skiing | <input type="checkbox"/> Weight training | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Yoga | <input type="checkbox"/> Skating | <input type="checkbox"/> Spinning | <input type="checkbox"/> Stair Master |
| <input type="checkbox"/> Tai chi | <input type="checkbox"/> Running | <input type="checkbox"/> Alexander | <input type="checkbox"/> Gymnastics |
| <input type="checkbox"/> Martial arts | <input type="checkbox"/> Aerobics | <input type="checkbox"/> Feldenkrais | <input type="checkbox"/> Classical ballet |
| <input type="checkbox"/> Other (s), please spec. _____ | | | |

What are you hoping to accomplish by attending classes at **mind the body**?

Signature: _____ Date: _____