

CONDITIONS & MEDICATIONS

Infectious Diseases

Surgeries/Other

Please indicate if you have any of the conditions below and any medications your are taking for it.

Bleeding Disorders or Hemophilia
Medication

Heart disease/stroke
Medication

High blood pressure
Medication

Low Blood Pressure
Medication

Cardiac Fribulation
Medication

Edema/Water Retention
Medication

Breathing problem
Medication

Lung/pulmonary disorders
Medication

Tuberculosis
Medication

Asthma
Medication

Osteoporosis
Medication

Arthritis
Medication

Kidney disorders
Medication

Liver disorders
Medication

Digestive disorders
Medication

Gastric Conditions
Medication

Gallbladder disorders
Medication

Urinary Conditions
Medication

Ulcer
Medication

Peptic Ulcers
Medication

Seizures
Medication

Epilepsy
Medication

High triglycerides
Medication

Diabetes
Medication

Neuromuscular disorders
Medication

Fibromyalgia
Medication

Chronic Fatigue
Medication

Anemia
Medication

Thyroid disorders
Medication

Hepatitis
Medication

Insomnia
Medication

Glaucoma
Medication

Cancer
Medication

HIV/AIDS positive
Medication

Venereal disease
Medication

Psychological challenges
Medication

Please check or fill in any that apply:

Implants or pumps of any kind (pacemakers, diabetic pumps, etc.)

Indicted type

Transdermal Dugs:

Estrogen Patch *Other Patch Therapy* - Indicate Type

Recent Pregnancy

Recent Childbirth

Skin Sensitivities

Frequent Allergic Reactions

Are you Scheduled for any surgeries?	Yes	No
If yes within the next 2 weeks?	Yes	No

Please list the medications you are taking that were not accounted for above

Medication	For
Medication	For
Medication	For
Medication	For

List any over the counter medications (including aspirin) and nutritional supplements, herbs, or essential oils you are taking/using:

I have stated all conditions that I am aware of and this information is true and accurate. I understand it is my responsibility to inform the Practitioner of any changes in my status. In the case of injury due to misinformation above, or lack of information or knowledge of medications or conditions the stipulations agreed upon in the release of responsibility form will also apply here.

Client's Signature: _____ Date: _____