Have you ever been hospitalized, had any major accidents, illnesses, or surgeries (please comment):

Other Therapy/ Treatment: (past or present, does not have to be related to this visit)

	Date of last Visit	Location / Practitioner
☐ Massage Therapy		
☐ Chiropractor		
☐ Physiotherapy		
☐ Naturopath		
☐ TCM/Acupuncture		
☐ Other		

Current Activity

List any physical activity/hobbies (i.e., jogging, computer, gardening)

Please CIRCLE the answer closest to how you PRESENTLY feel:
(1= poor, 5= excellent)

Quality of Sleep	1	2	3	4	5
Energy Level	1	2	3	4	5
Eating Habits	1	2	3	4	5
Stress Level	1	2	3	4	5
Exercise Habits	1	2	3	4	5

Please indicate the following:

Hours of sleep per night:

Number of meals you regularly eat per day:

Number of times you exercise per week:

Smoker: YES NO OCCASIONAL

Alcohol: YES NO OCCASIONAL

Current Condition

Please describe your current condition and symptoms:

How long have you had this condition?

How did it start?

What aggravates it?

What relieves it?

Please Note: Your appointment time has been reserved for you. In courtesy of your therapist & fellow patients, we ask that you provide us with 24 hours notice of cancellation, or the full missed appointment total will be charged. Payment for all treatment, whether private or insured, is ultimately the responsibility of the patient.

I authorize Acumamas Wellness and its associated RMTs to collect my personal and medical information as documented above in order to contact me, and to leave messages regarding appointments at any of the contact numbers I have provided above. In addition, I authorize Acumamas Wellness and its associated RMTs to communicate with my referring medical professionals as deemed necessary for my beneficial treatment. I also understand that my personal and medical information is confidential and will only be disclosed to third parties with my permission.

Signature: Date: