

Please list any activities, sports, or hobbies (e.g., jogging, soccer, crafts, computer work) _____

Please circle the answer closest to how you presently feel
(1 = poor 5 = excellent)

Quality of Sleep	1	2	3	4	5	approx. # hours sleep/ night_____
Energy Level	1	2	3	4	5	
Eating Habits	1	2	3	4	5	# of meals/day you eat regularly_____
Stress Level	1	2	3	4	5	
Exercise Habits	1	2	3	4	5	# of times/week you exercise_____

Are you a **smoker**? Yes No Occasional

CURRENT CONDITION

Please describe your current condition and symptoms_____

How long have you had this condition?_____

What triggered it?_____

What aggravates it? _____

What relieves it?_____

When does the condition feel the worst?_____

Does the condition prevent you from sleeping?_____

Declaration:

I hereby declare that the above information is accurate and complete to the best of my knowledge. I have disclosed all relevant past and present health information and agree to inform Kathryn Hodgson, RMT of any changes to the above information. I authorize Kathryn Hodgson to collect my personal information in order to contact me and to leave messages regarding appointments at any of the contact numbers / addresses I have provided above. I also authorize Kathryn Hodgson to collect my medical information as documented above and in future treatment sessions. In addition, I authorize Kathryn Hodgson to communicate with my referring MD or professional as deemed necessary for my beneficial treatment. I fully understand that my personal and medical information is confidential and will only be disclosed to third parties with my permission. Finally, I consent to massage therapy treatment from Kathryn Hodgson.

Signature: _____ Date: _____