Patient Information Form

E.C OFFICE ONLY

Patient Information:

Date: _____ dd / mm / yyyy **Name:** _____

Phone Number: _____ **Date of Birthday:** _____ dd / mm / yyyy

Age: _____ **Cell Phone Number:** _____

Home Number: _____

Sex

◯ Female ◯ Male

Address

City: _____ **State:** _____

Zip Code: _____ **Email:** _____

EMERGENCY CONTACT:

Name: _____ **Phone Number:** _____

MEDICAL HISTORY - YES RELAX MASSAGE/PT

Medical History - Yes Relax Massage/PT

- ☐ Asthma / Asma
- ☐ Insomnia/ Insomnio
- ☐ Stomach ulcers/ Ulceras de estomago
- ☐ Dizziness/ Mareos
- ☐ Contact lenses/ Lente de contacto
- ☐ Depression/ Depresion
- ☐ Hight blood pressure/ Presion arterial alta
- ☐ Musculoskeletal problems/ Problemas musculoesqueleticos
- ☐ Arthritis/ Artitis
- ☐ Diabetes/ Diabetes
- ☐ Headache/ Dolor de cabeza
- ☐ Hernia/ Hernia
- ☐ Heart disease/ Enfermedade del corazon
- ☐ Blood Disorder/ Trastorno de la sangre
- ☐ Low blood pressure/ Presion arterial baja
- ☐ Chronic Headaches/Dolores de cabeza crónicos

MEDICAL HISTORY - NO RELAX MASSAGE/ PT

Medical History - No Relax Massage/PT

- ☐ Varicose veins/ Venas varicosas
- ☐ Hemophilia/ Hemofilia
- ☐ Herpes/ Herpes
- ☐ Pins- Pacemaker/ Alfileres - Marcapasos
- ☐ Hepatitis/Hepatitis
- ☐ Severe allergies/Alergias severas
- ☐ Skin trouble/ Problemas de la piel
- ☐ Epilepsy/Epilepsia
- ☐ Eczema/ Ecce
- ☐ Pregnancy/ Embarazon
- ☐ Hyperpigmentation/ Hiperpigmentación
- ☐ Phlebitis/ Felbitis
- ☐ HIV - Aids/VIH - SIDA
- ☐ Hypopigmentation / Hipopigmentación
- ☐ Cancer/ Cancer
- ☐ Fever blister/Ampolla febril
- ☐ Bruising tendency/ Tendencia a hematomas

OIL PATIENT LIKE & ROOM SPRAY

Oil Patient like & Room spray

- [ ] Lavender Oil
- [ ] Rose Oil
- [ ] Eucalyptus Oil
- [ ] Coconut Oil
- [ ] Almond Oil
- [ ] Lavender room spray
- [ ] Rose room spray
- [ ] Juniper room spray

NEW PATIENT:

New Patient

- [ ] Discount to be first time. One time only

REFERRED BY:

Referred By: _____

Referral Discount

- [ ] 10% off for be referred. One time only

VIP: RECEIVE CREDIT FOR EACH SERVICE PURCHASED:

VIP Services 1-3 (10% Off): _____ **VIP Services 5-7 (40% Off):** _____

Referidos de el: _____