



BODYWORK THERAPIES HEALTH QUESTIONNAIRE

Before you receive any Bodywork Therapy here at Genesis, we need to know a little about you. Please answer the following questions fully and to the best of your knowledge. All information gathered will be confidential.

NAME:

DATE:

No. hours seated per day:

Ergonomic Desk set-up? Yes / No *(please circle)*

Typical exercise pattern each week:

Average daily water consumption:

Have you visited your GP in the last 6 months?

Yes / No *(please circle)*

Details:

Physio or other soft tissue treatments received in last 6 months? Yes / No *(please circle)*

Details:

Are you taking any medication (prescribed or self-administered): Yes / No *(please circle)*

Details:

Do you currently suffer, or have you suffered from any of the following:

(please circle Yes or No and provide additional details as appropriate)

	No	Yes
Back pain (Low, mid, upper)	N	Y
Arthritis or other joint condition	N	Y
Osteoporosis or other bone condition	N	Y
Recent Fractures / breakages / surgery	N	Y
Headaches / migraines	N	Y
Heart or circulatory problems <i>eg stroke, clots, atherosclerosis</i>	N	Y
High or low blood pressure	N	Y
Poor circulation in hands or feet	N	Y
Diabetes	N	Y
Allergies (skin or digestive)	N	Y
Epilepsy	N	Y
Cancer	N	Y
Nervous system disorders <i>eg Multiple Sclerosis, Parkinson's Disease etc</i>	N	Y
Immune System disorders <i>eg ME, chronic fatigue, fibromyalgia, glandular fever etc</i>	N	Y

Details:

Cont....

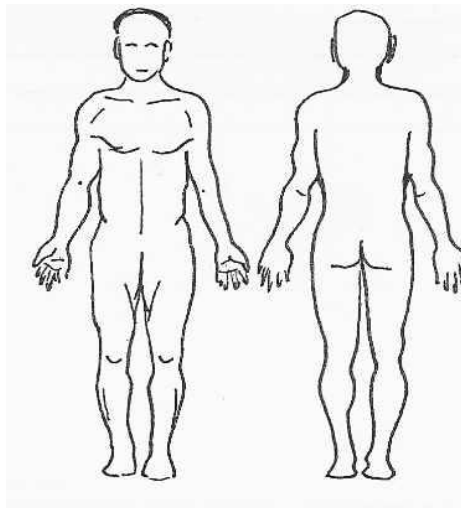
Respiratory system disorders <i>eg asthma</i>	N	Y
Shingles	N	Y
Bowel or bladder dysfunction	N	Y
Digestive complaints <i>eg ulcers, reflux, colitis, IBS etc</i>	N	Y
Skin infections or skin conditions	N	Y
Varicose Veins	N	Y
Oedema, inflammation or swelling on body	N	Y
Major accidents or trauma	N	Y
Are you pregnant or Post-natal	N	Y
Undiagnosed symptoms or conditions	N	Y
Notable family medical history	N	Y

Details:

Do you smoke or stopped within the last 6 months?	N	Y
Do you drink more than 14 units (women) or 21 units (men) per week?	N	Y

Primary reason for bodywork therapy (please tick against all that apply):

- Pain management** (please mark on diagram below any specific areas of discomfort.)
- To gain a diagnosis of an underlying injury**
- Part of a sports training programme**
- Overall / specific soft tissue conditioning**
- Stretching**
- General relaxation**
- Other....** please tell us below, so that we can tailor the treatment to your needs:



Anything else you think is relevant for us to know about you:

DECLARATION:

I declare that I have answered all the questions truthfully, comprehensively and to the best of my ability. I understand that thorough and honest responses to these questions are essential to my safety. I undertake to inform my therapist of any changes to the above information.

Date:

Client Signature:

Genesis Signature:

Print Client Name:

Print Genesis Name: