TRIANGLE TRIGGER-POINT THERAPY

CONFIDENTIAL CASE HISTORY
UNDER 21/ATHLETES

Please print clearly. **Note**: Contraindications for receiving neuromuscular therapy may be acute trauma, broken bones, illnesses, severe colds or infections, active cases of shingles, GBS, epilepsy, etc.,
If any of the above apply, let us know.

NAME: DATE:

HOME PHONE: CELL PHONE:

STREET ADDRESS:

CITY: STATE: ZIP CODE:

DATE OF BIRTH: AGE: E-MAIL:

PARENTS' NAMES:

PARENTS' PHONE NUMBERS (IF DIFFERENT FROM ABOVE):

PARENT'S E-MAIL:

WILL YOUR PARENTS NEED A RECEIPT?

CURRENT WEIGHT: HEIGHT: BLOOD TYPE:

NAME OF SCHOOL: GRADE:

WILL YOU NEED A NOTE FOR ABSENCES AT SCHOOL: IF SO, TO
WHOM SHOULD WE SEND THE NOTE?

WHO SUGGESTED THAT YOU COME TO SEE US?

DESCRIBE IN DETAIL THE PAIN YOU ARE HAVING:

HOW LONG HAS IT BEEN BOTHERING YOU?

IS THIS THE FIRST TIME THAT YOU HAVE HAD IT?

IF NOT, WHEN, WHAT CAUSED IT AND WHAT GOT RID OF IT BEFORE?

DO YOU KNOW WHAT CAUSED IT THIS TIME?

WHAT SPORTS OR ACTIVITIES ARE YOU CURRENTLY INVOLVED IN OR HAVE
YOU PLAYED IN THE LAST 5 YEARS?

HAVE YOU EVER SPRAINED OR STRAINED A TENDON OR MUSCLE, BROKEN A
BONE OR WALKED ON CRUTCHES? IF SO, DESCRIBE ALL INCIDENTS:

HAVE YOU EVER HAD SURGERY?   IF SO, WHAT AND WHEN?

HAVE YOU EVER BEEN IN A CAR ACCIDENT OR HAD A SERIOUS FALL ON
YOUR HEAD, SHOULDERS, BACK, ETC., SINCE BIRTH?

IF SO, HOW OLD WERE YOU AND WHAT HAPPENED?

HAVE YOU SEEN A MEDICAL DOCTOR, CHIROPRACTOR OR PHYSICAL THERAPIST FOR WHAT YOU
ARE HERE FOR TODAY?

IF SO, WHAT DID THEY SAY ABOUT IT?

HAVE YOU UNDERGONE X-RAYS, MRI, CAT SCAN OR ANY OTHER TYPES OF DIAGNOSTIC SCREENING?

LIST ALL MEDICATIONS BOTH PRESCRIPTION AND OVER THE COUNTER THAT YOU ARE CURRENTLY TAKING:

WHAT ELSE HAVE YOU DONE BESIDES MEDICATION FOR PAIN RELIEF?

WHAT HAS BEEN THE MOST EFFECTIVE SO FAR?

HOW MUCH PLAIN WATER TO YOU DRINK EACH DAY? _____OUNCES

WHO IS YOUR PEDIATRICIAN OR PHYSICIAN?

CAN YOU THINK OF ANYTHING ELSE WE NEED TO KNOW ABOUT YOUR CURRENT HEALTH OR YOUR HISTORY?

SIGNATURE OF THE PERSON RESPONSIBLE FOR THIS ACCOUNT:

_____ DATE:_____