Manual Therapist

# HEALTH INFORMATION page 1

Patient Name Choice Kinchen Date July 17 2015

Date of Injury – ID#/DOB 12/06/1955

## A. Patient Information

Address PO Box 171

City Friendswood State Tx Zip 77549

Phone: Home same

Work same Cell 801 661 5074

Employer self

Work Address same as home

Occupation massage therapist

Emergency Contact Trudy Kinchen

Phone: Home same

Work _____ Cell 619 322 9986

**Primary Health Care Provider**

Name ~~Blue Cross Blue Shield~~

Address _____

City/State/Zip _____

Phone: _____ Fax _____

I give my massage therapist permission to consult with my health care providers regarding my health and treatment.

Comments _____

Initials _____ Date _____

## B. Current Health Information

List Health Concerns Check all that apply

Primary scleroderma

☐ mild ☒ moderate ☐ disabling

☒ constant ☐ intermittant

☐ symptoms ↑ w/activity ☐ ↓ w/activity

☐ getting worse ☐ getting better ☒ no change

treatment received meds

Secondary lupus nephritis

☐ mild ☒ moderate ☐ disabling

☒ constant ☐ intermittant

☐ symptoms ↑ w/activity ☐ ↓ w/activity

☐ getting worse ☐ getting better ☒ no change

treatment received meds

Additional Barretts Syndrome

☐ mild ☒ moderate ☐ disabling

☒ constant ☐ intermittant

☐ symptoms ↑ w/activity ☐ ↓ w/activity

☐ getting worse ☐ getting better ☒ no change

treatment received _____

**List Daily Activities Limited by Condition**

Work All activities can be limited due to extreme fatigue, gastrointestinal problems and pain in the joints. This incl. work, home, sleep and social.

Home/Family

Sleep/Self-care

Social/Recreational

**List Self-Care Routines**

How do you reduce stress? work out, garden, massage hiking, cycling

Pain? work out, massage, pain meds

List current medications (include pain relievers and herbal remedies) prednisone, lisinopril, lyrica, hydrocodone, vitamin B-complex, magnesium, Vit C

Have you ever received massage therapy before? _____ Frequency? every 3 weeks

What are your goals for receiving massage therapy? relieve some stress and pain

## C. Health History

List and Explain. Include dates and treatment received.

Surgeries left arm reconstruction (2005) L-5 Fusion (1990)

Injuries left arm has pins screws, wire and metal plate due to bicycle/car accident

Major Illnesses Scleroderma lupus nephritis

**Check All Current and Previous Conditions** Please Explain

### General

current past comments

- ☐ ☐ headaches
- ☒ ☒ pain
- ☒ ☒ sleep disturbances
- ☒ ☒ fatigue
- ☐ ☐ infections
- ☐ ☐ fever
- ☐ ☐ sinus
- ☐ ☐ other

### Skin Conditions

current past comments

- ☐ ☐ rashes
- ☐ ☐ athlete's foot, warts
- ☐ ☐ other

### Muscles and Joints

current past comments

- ☐ ☐ rheumatoid arthritis
- ☐ ☐ osteoarthritis
- ☐ ☐ osteoporosis
- ☐ ☐ scoliosis
- ☐ ☒ broken bones
- ☐ ☒ spinal problems
- ☒ ☒ disk problems
- ☒ ☒ lupus
- ☐ ☐ TMJ, jaw pain
- ☐ ☐ spasms, cramps
- ☐ ☐ sprains, strains
- ☐ ☐ tendonitis, bursitis
- ☒ ☒ stiff or painful joints
- ☒ ☒ weak or sore muscles
- ☒ ☒ neck, shoulder, arm pain
- ☐ ☐ low back, hip, leg pain
- ☒ ☒ other scleroderma

### Nervous System

current past comments

- ☐ ☐ head injuries, concussions
- ☐ ☐ dizziness, ringing in ears
- ☐ ☐ loss of memory, confusion
- ☐ ☐ numbness, tingling
- ☐ ☒ sciatica, shooting pain
- ☒ ☒ chronic pain scleroderma
- ☐ ☐ depression
- ☐ ☐ other

### Respiratory, Cardiovascular

current past comments

- ☐ ☒ heart disease heart attack (2008)
- ☐ ☐ blood clots
- ☐ ☐ stroke
- ☐ ☐ lymphadema
- ☐ ☐ high, low blood pressure
- ☐ ☐ irregular heart beat
- ☐ ☐ poor circulation
- ☐ ☐ swollen ankles
- ☐ ☐ varicose veins
- ☐ ☒ chest pain, shortness of breath
- ☐ ☐ asthma

### Allergies

current past comments

- ☐ ☐ scents, oils, lotions
- ☐ ☐ detergents
- ☒ ☒ other penicillin, codeine

### Digestive/Elimination System

current past comments

- ☒ ☒ bowel problems scleroderma
- ☐ ☐ gas, bloating
- ☒ ☒ bladder/kidney/prostrate
- ☐ ☒ abdominal pain
- ☐ ☐ other

### Endocrine System

current past comments

- ☐ ☐ thyroid
- ☐ ☐ diabetes

### Reproductive System

current past comments

- ☐ ☐ pregnancy
- ☐ ☐ painful, emotional menses
- ☐ ☐ fibrotic cysts

### Cancer/Tumors

current past comments

- ☐ ☐ benign
- ☐ ☐ malignant

### Habits

current past comments

- ☐ ☐ tobacco
- ☒ ☒ alcohol
- ☐ ☐ drugs
- ☒ ☒ coffee, soda

### Contract for Care

I promise to participate fully as a member of my health care team. I will make sound choices regarding my treatment plan based on the information provided by my manual therapist and other members of my health care team, and my experience of those suggestions. I agree to participate in the self care program we select. I promise to inform my practitioner any time I feel my well being is threatened or compromised. I expect my manual therapist to provide safe and effective treatment.

### Consent for Care

It is my choice to receive manual therapy, and I give my consent to receive treatment. I have reported all health conditions that I am aware of and will inform my practitioner of any changes in my health.

Signature [signature] Date July 17, 2015

**Patient information in the "Design a Session" forms was copied as originally written by clients, except for their names, which are fictitious.**

Manual Therapist

## WELLNESS CHART-M

Name Chaice Kuchen ID#/DOB 12/06/1955 Date July 17 2015

Phone 801 661 5074 Address PO Box 171 Friendswood Tx 77549

1. What are your goals for health, and how may I assist you in achieving your goals?
My goals are complex, but I would like a little relief from stress and pain

2. List typical daily activities—work, exercise, home. work, workout, garden & cook

3. Are you currently experiencing any of the following? If yes, please explain.

| | | | | | |
|---|---|---|---|---|---|
| pain, tenderness | ☐ No ☒ Yes: | | stiffness | ☐ No ☒ Yes: | |
| numbness or tingling | ☒ No ☐ Yes: | | swelling | ☒ No ☐ Yes: | |
| allergies | ☒ No ☐ Yes: | | | | |

4. List all illnesses, injuries, and health concerns you have now or have had in the past 3 years. (Examples: arthritis, diabetes, car crash) Scleroderma, lupus

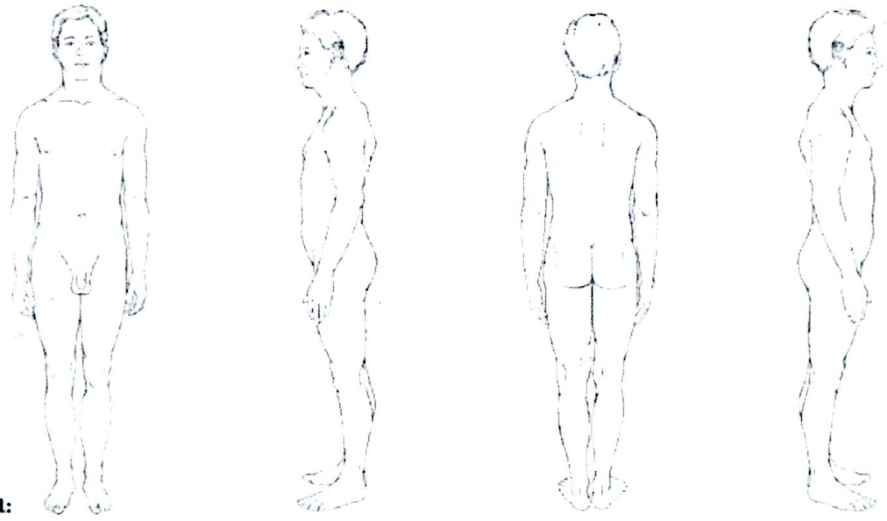
5. List medications and pain relievers taken this week. same as first page

6. I have provided all my known medical information. I acknowledge that massage therapy is not a substitute for medical diagnosis and treatment. I give my consent to receive treatment.

Signature [signature] Date July 17, 2015

Tx:

C:



**Legend:**

| | | | | | | |
|---|---|---|---|---|---|---|
| ⓒ TP | • TeP | ○ Ⓟ | ✕ Infl | = HT | ≈ SP | initials |
| ✕ Adh | ≋ Numb | ◌ rot | ⁄ elev | ⟷ Short | ⟷ Long | |