

Client History

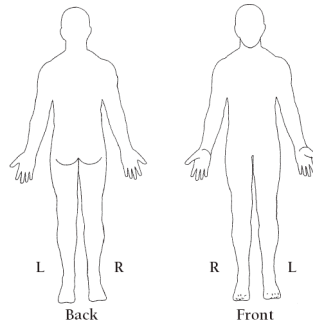
Contact Information

Name: _____ Sex: M / F (circle one)
Address: _____ Height: _____ Weight: _____

DOB: _____
Phone (best to reach you): _____ Email: _____
Would you like to receive the monthly email newsletter (includes self-care tips, research that affects you, etc.)? Y/N
How did you find out about Matt Hsu? _____
Emergency Contact Name and Phone: _____
Occupation: _____

What do you hope to gain from working with Matt Hsu?

Please note any areas of discomfort, pain, or concern by marking the diagram below.



Medical History

Place an X in the blank for any and all that apply to your past and present health:

<input type="checkbox"/> contagious skin disorders	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> arthritis
<input type="checkbox"/> ruptured discs	<input type="checkbox"/> receive cortisone injections	<input type="checkbox"/> sinus problems
<input type="checkbox"/> jaw pain/teeth grinding	<input type="checkbox"/> fatigue	<input type="checkbox"/> scoliosis

Please note that currently having the following conditions means you should not begin working with Matt Hsu without first discussing with your physician.

<input type="checkbox"/> cancer	<input type="checkbox"/> leukemia	<input type="checkbox"/> Hodgkin's disease	<input type="checkbox"/> Lymphoma
<input type="checkbox"/> bipolar disorder	<input type="checkbox"/> aneurysm	<input type="checkbox"/> thrombus/blood clots/embolism	
<input type="checkbox"/> phlebitis	<input type="checkbox"/> hemophilia		

Please list any medical conditions (contagious or otherwise) you have that are not listed above:

What other therapies or treatments are you receiving (massage, acupuncture, physical therapy, chiropractic, naturopathic, etc.)?

List major injuries or traumas (e.g. concussions, broken bones, accidents, etc.):

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List all previous surgeries:

List physical activities you participate in regularly:

How do you relax?

List all medications/herbs/vitamins that you are currently taking.

Please use this space to note anything else that has happened to you or is ongoing that you feel is relevant to your coming in.

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I fully understand the purpose of working with Matt Hsu is to balance and align the physical body so that it can function more efficiently and with less pain. This is done through direct manipulation and movement education so that greater economy of body movement is achieved. I understand that working with Matt Hsu does not substitute for medical diagnosis or treatment when such attention is needed. Matt Hsu cannot treat, prescribe or diagnose any medical illnesses, diseases, or disorders of the person. Nothing said or done by him should be construed to be such. I have stated all medical conditions that I am aware of and will keep him informed of any changes. If I have any condition(s) that should be cleared with my physician first before beginning sessions (as noted above), I have conferred with my doctor and have received approval.

IN CASE OF CANCELLATION: I agree to give 24 hours' advance notice of scheduled session or to assume responsibility for a fee equal to half the regular session fee.

Signature: _____

Date: _____

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