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Client Name: _____ (M / F) Date: _____

Address: _____

_____ Marital Status: (S / M / D / W)

Phone(s): _____ Date of Birth: _____

E-mail address (for free WGH newsletter): _____

Referred by: _____ Telephone: _____

Primary Physician: _____ Telephone: _____

In Case of Emergency, Contact: _____ Telephone: _____

For insurance cases, supply the following: Insurance Carrier: _____

Claim #: _____ Date of accident/injury: _____ - _____ - _____

Adjuster name: _____ Adjuster phone: _____

Employer: _____

Primary Reason for Visit: Pain Injury Illness Stress Other: _____

Diagnosis (if known): _____ Date of onset: _____

Current Therapies: Std. Dr care P.T. Chiro Acupuncture

Other: _____

Result of Treatments: _____

What Major Surgeries have you had? _____

List all medications (Rx and OTC) and supplements that you are taking: _____

Describe any abnormalities/problems you are having related to:

Sleep (duration or quality): _____

Appetite: _____

Urination: _____

Bowel Movements: _____

Overall Energy: _____

Frequent Emotions (hope, joy, fear, anger, depression, anxiety, worry, grief, other): _____

List any other major complaints: _____

Please answer each of the following (circle "yes" or "no") so that I may better serve you.

Y N Do you experience frequent headaches?

Y N Are you pregnant?

Y N Do you have diabetes?

Y N Arthritis? (OA / RA /)

Y N Cancer? _____

Y N Do you have high blood pressure?*

Y N *If yes, are you taking medication?

Y N Other heart condition?

Y N Stroke, epilepsy, or seizures?

Y N Sensitive to odors or chemicals?

Y N Do you have osteoporosis/ penia?

Y N Varicose veins?

Y N Do you bruise easily?

Y N Do you have any contagious disease?

Y N Any broken bones in the past 2 years?

Y N Any accident in the past 2 years?

Y N Any major injury/illness in the past 2 years?

Y N Any surgery in the past year?

Y N Are you prone to infections?

Y N Are you taking blood thinners?

Y N Are you taking steroids?

Y N Do you have any allergies?

What brings you joy (list 3)? _____

How often do you experience joy? (daily / occasionally / rarely / can't remember the last time)

What are you hoping to accomplish through massage? _____

Misc: _____

