## **Reworks Extended Medical Intake Form**

## Please attach to the Reworks Health Intake Form!

Name	
Please review this list and check any of these conditions that are or have previously affected your health:	
□ arthritis	$\hfill\Box$ depression, panic disorder, other psychological condition
□ diabetes	□ diverticulitis
□ blood clots	□ headaches
□ bruise easily	□ heart conditions
□ cancer	□ back problems
□ chronic pain	□ high blood pressure
□ constipation/diarrhea	□ insomnia
□ auto-immune condition*	□ muscle strain/sprain
□ hepatitis (A, B, C or other)	□ pregnancy
□ skin conditions	□ scoliosis
□ stroke	□ seizures
□ surgery	□ whiplash
□ TMJ disorder	□ chemical dependency (alcohol, drugs)
* AIDS, fibromyalgia, chronic fatigue, lupus, etc)	
If there is something not listed above or there is anything else you feel needs to be brought to our attention, please do so:	
<ul> <li>Please read the following information and sign below:</li> <li>Massage therapy is not a substitute for sound medical advice. If you are not feeling well, please inform me now and seek appropriate medical attention. We can always reschedule.</li> <li>Being that message should not be done under certain medical conditions, I affirm that I have answered all questions pertaining to all medical conditions truthfully.</li> <li>I have read, agree to and signed all policies on the Reworks Health Intake form as well.</li> </ul>	
Signature:	Date/ / y
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