

New Patient Registration

San Diego Structural Integration

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PATIENT INFORMATION:

Name

Address

City, State, Zip

Date of Birth

Email

Phone#

Preferred Method of Contact (circle one): Text Call Email

Referred by:

EMERGENCY CONTACT INFORMATION:

Name

Relationship

Home/Cell #

Other #

AUTHORIZATION TO TREAT:

It is my choice to receive Structural Integration. I realize that the treatment is being given for my well-being of my body and mind. This can include stress reduction, relief from muscular tension, spasms or pain, or for increasing circulation or energy flow. I agree to communicate with my Therapist any time I feel like my well-being is being compromised.

I understand that my Structural Integrator does not diagnose illness, disease, or any physical or mental disorders, nor do they prescribe medical treatment, pharmaceuticals, or perform spinal thrust manipulations. I acknowledge that Structural Integration is not a substitute for medical examination or diagnosis, and that it is recommended that I see a primary health care provider for medical advice and services.

I have stated all Medical conditions that I'm aware of and will notify the Therapist of any changes in my health status.

Signature of Patient or Authorized Representative

Date

Relationship to Patient

HEALTH HISTORY & TREATMENT INFORMATION

What is your reason for starting the 10 Series?:

What results do you want from the series?:

Are you currently seeing a medical practitioner?

Yes No If yes, please explain.

List all stress reduction, exercise activities & frequency:

List all allergies and/or sensitivities:

List all accidents, falls, surgeries and include year:

Musculo-Skeletal

- Tendonitis
- Bursitis
- Broken/Fractured Bones
- Arthritis
- Sprains/Strains
- Low back, hip, leg pain
- Neck, shoulder, arm pain
- Headaches/Head injuries
- Spasms/Cramps
- Jaw Pain (TMJ)
- Lupus

OTHER

- Cancer/Tumors
- Eating disorders

Digestive

- Constipation
- Gas/Bloating
- Diverticulitis
- Irritable Bowel Syndrome

Nervous System

- Herpes/Shingles
- Numbness/Tingling
- Chronic Pain
- Fatigue
- Sleep Disorder

- Nicotine/caffeine addiction
- Drug/Alcohol Addiction

Circulatory

- Varicose Veins
- Blood Clots
- High/Low Blood Pressure
- Lymphedema
- Breathing Difficulties

Skin

- Rashes
- Athletes Foot
- Warts

- Diabetes
- Depression

Please list any other health issues you may have that are not addressed above.

Do you have any questions, comments or concerns that you would like to share?

I certify to the best of my knowledge that all information given is correct and complete.

Signature of Patient or Authorized Representative

Date

Relationship to Patient

For office use: