

Personal History (Confidential)

for the office of Kalyani Gilliam, L.Ac. /Rolfer/Feldenkrais/Morphogenic Field Testing
26350 Carmel Rancho Lane, Ste. 200; Carmel, CA 93923

Name _____ Phone _____
Address _____ Cell _____
_____ Email _____
Birthdate _____
Referred by _____ Occupation _____
Today's date _____

Main Reason(s) for seeking care here?

What would you like to receive from our time together? (Expectations)

Medical History:

Congenital history

Broken bones? Sprains?

Surgeries? (type, year of)

Known significant body injuries

Known malignancy

Do you wear: Glasses, contacts? Yes No Lifts, arch supports? Yes No

Please describe your:

Appetite/Digestion?

Respiration?

Circulation? / Body temperature?

Sleep?

Energy?

Mood?

Women: Date of Last Period:

Reproductive history (pregnancies, abortions, miscarriages, births)

Do you use birth control? What kind?

Do you experience problems during your cycle?

Treatment History:

What treatments have you used to deal with your current situation? (What helps; what makes it worse?)

List any practitioners/treatments that you like to use to maintain your health?

Drugs, Diet, Nutrition- Describe your relationship with:

Sugar

Alcohol

Caffeine

Tobacco

Vitamin/supplements

Prescription meds

Non-prescription drugs

Are you on any special diet?

Activity Profile: List activities you are restricted from doing:

What is your current exercise routine?

What brings you joy?

Anything else you would like me to know?