

Morter B.E.S.T. Initial Client Information - 2

Name (print): _____ Date: _____

Check the following the following conditions that apply to you, past and present.

Muscular-Skeletal

- Headaches
- Joint stiffness
- Spasms/cramps
- Broken bones
- Strains/sprains
- Back/hip pain
- Leg/foot pain
- Shoulder/neck pain
- Arm/hand pain
- Chest/rib pain
- Problems walking
- Jaw pain
- Tendinitis
- Bursitis
- Arthritis
- Osteoporosis
- Scoliosis
- Bone/joint disease
- Other: _____

Circulatory-Respiratory

- Anemia
- Fainting
- Cold feet/hands
- Swollen ankles
- Bronchitis
- Varicose veins
- Blood clots
- Stoke
- Heart condition
- Allergies
- Sinus problems
- Asthma
- H/L blood pressure
- Lymphedema
- Other: _____

Skin

- Rashes
- Allergies
- Athlete's foot
- Warts
- Acne
- Cosmetic surgery
- Other: _____

Digestive

- Nervous Stomach
- Indigestion
- Constipation
- Intestinal gas
- Diarrhea
- Gall bladder
- Diverticulitis
- Irritable bowel syndrome
- Crohn's disease
- Colitis
- Other: _____

Nervous System

- Numbness/tingling
- Fatigue
- Chronic pain
- Sleep disorders
- Cerebral palsy
- Epilepsy
- Chronic Fatigue syn.
- Multiple sclerosis
- Muscular dystrophy
- Parkinson's disease
- Spinal cord injury
- Other: _____

Reproductive System

- Pregnancy
 - Current
 - Previous
- PMS
- Menopause
- Pelvic Inflammation
- Endometriosis
- Hysterectomy
- Fertility concerns
- Prostate issues

Other

- Loss of appetite
- Irritability
- Depression
- Difficulty Concentrating
- Drug use
- Alcohol use
- Nicotine use
- Caffeine use
- Hearing impaired
- Visually impaired
- Bladder
- Diabetes
- Fibromyalgia
- Post/polio Syndrome
- Cancer
- Insomnia
- Environmental Sensitivity
- Infectious disease
- Other: _____

Notes: