NATUROPATHIC MIND BODY + SPIRIT HEALING

HEALTH RECORD

Name: ______________________________ **Date of Birth:** ________________

Address: ____

E-Mail: ______________________________ **Phone:** ________________

Occupation: ____

Doctor: ____

Reason for visit: ____

How long has this been a concern: ______________________________

Previous treatment: ____

<u>Indicate nature and dates of problems in the following systems (past and present)</u>

Nervous System ____

Endocrine System ____

Musculoskeletal System ______________________________________

Lymph/Immune System ______________________________________

Circulatory System ____

Respiratory System ____

Reproductive System ____

Urinary System ____

Digestive System ____

Practitioners at Ravenstone do not diagnose medical conditions, claim to heal, prescribe, recommend, or change medications. Our energy treatments are complementary to your current treatment plans, they are natural, preventative, and effective. If you are under medical care for an acute or chronic condition, or have had recent surgery, please ensure that you discuss your intent to participate in energy healing with your medical practitioner.

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Allergies and severity of reaction: ____________________

Surgical history & dates: ____________________

Medications & dosages: ____________________

Blood thinners (type & reason): ____________________

Addictions: ____________________

Cancer of any type & treatment: ____________________

Diabetes: ____________________

History of mental illness (diagnosis & treatment): ____________________

History or risk of thrombosis: ____________________

History or risk of seizures: ____________________

Hepatitis A / B / C: ____________________

Headaches / migraines (tmj):____________________

Motor vehicle accidents:____________________

Have you flown in the last 3-4 weeks: ____________________

Are you a smoker? ____________________

Are you pregnant or trying to become pregnant? ____________________

Structural neck issues: ____________________

Structural foot issues (flat feet, gout, bunions, etc):____________________

Sleep pattern: ____________________

Energy level (check one): ☐ Low ☐ Average ☐ High

Tension / stress level (check one): ☐ Low ☐ Average ☐ High

Is there any other information you would like to share? ____________________

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