

**Eriu Therapeutic Light & Pain Centre**  
 10 Tarouba Rd, San Fernando, Trinidad and Tobago  
 Telephone: (905) 354-9573

Patient Confidential Case and History Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address \_\_\_\_\_ Postal Code: \_\_\_\_\_ City: \_\_\_\_\_  
 Res. Telephone#: \_\_\_\_\_ Work Telephone #: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Date of last physical: \_\_\_\_\_

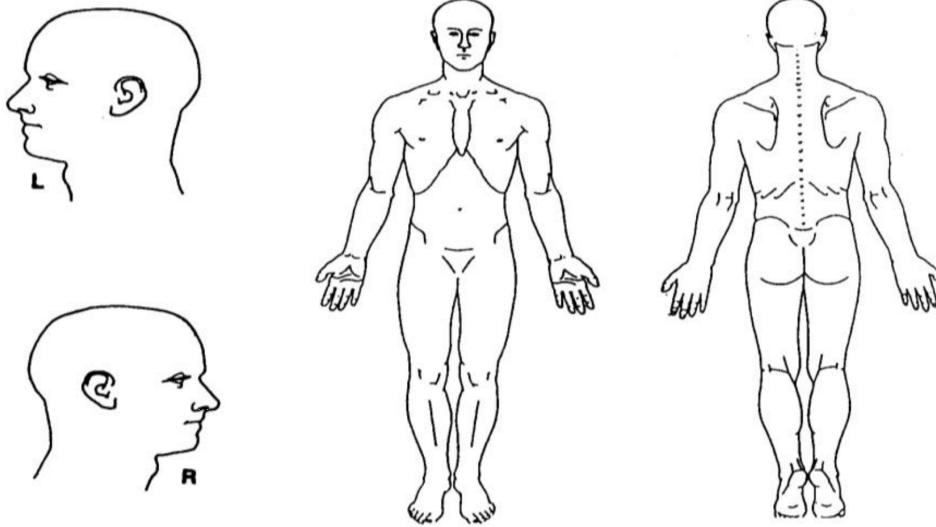
Pulse: \_\_\_\_ B.P. \_\_\_\_ Birth Date: \_\_\_\_\_ Weight: \_\_\_\_ Height: \_\_\_\_

Name and address of your family physician: \_\_\_\_\_  
 Any current ongoing treatment \_\_\_\_\_  
 Referred by: \_\_\_\_\_

List in order of importance the problem(s) for which you are seeking treatment.

	Problem	How long?
1.		
2.		
3.		

Please indicate with an "X" the areas where you are experiencing pain:



Is your condition getting progressively worse?  Yes  No  
 Is your condition interfering with your sleep?  Yes  No  
 Do you Smoke?:  Yes  No  
 Do you exercise:  Regularly  Occasionally  Not at all  
 How would you describe your general health:  Excellent  Good  Poor  
 Are you on any medication?  Yes  No

List current medications:

\_\_\_\_\_

\_\_\_\_\_

List any accidents, illnesses or surgeries:

\_\_\_\_\_

Internal pins wires, artificial joints:

\_\_\_\_\_

Health History: Please check the condition that you experience frequently:

**Head/Neck**

- Headaches
- Vision problems
- Hearing problems
- Sinus
- Frequent colds

**Respiratory**

- Cough
- Shortness of breath
- Bronchitis
- Asthma
- Emphysema

**Skin**

- Rashes/ eruptions
- Sensitive skin
- Herpes/cold sores

**Digestive/Uro-genital**

- Constipation
- Liver/gall bladder
- Kidney/Bladder
- Difficult digestion

**Cardiovascular**

- Low/High blood pressure
- Stroke/CVA
- Heart disease
- Congestive heart

**Women**

- Pregnant Due\_\_\_\_\_
- Menopause symptoms
- Heavy/painful menstruations

**Other Conditions**

- Diabetes
- Allergies
- anaphylaxis
- epilepsy
- Loss of sensation
- Hepatitis
- Infectious diseases
- Hemophilia
- cancer
- phlebitis
- TB
- HIV
- Skin conditions

Have you ever used massage therapy before? \_\_\_\_\_

Have you been diagnosed with Osteoarthritis? \_\_\_\_\_

Have you been diagnosed with systemic/autoimmune disease? \_\_\_\_\_

**Notice to Clients:**

Cancelling Appointments - There will be no charge for cancelling treatments if 24 hours notice is given. However, full charges apply to cancellations with less than 24 hours notice. Please note that insurance companies cannot be billed for the cost of cancelled appointments.

Arriving Late: Fees are based upon amount of time booked during designated time slots and will not be reduced upon lateness of arrival. Occasionally, if scheduling allows the therapist may be able to give treatment for the full amount of time.

Payment: Payment is required after treatment by either personal cheques or cash. Receipts will be issued. Special arrangements may be organized for accident insurance claims.

Agreement: I, \_\_\_\_\_, agree to the above notices and, agree to be personally liable for any and all charges incurred at the Eriu Therapeutic Light & Pain Centre that are not covered by the insurance company or any third party.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_