Kinesis
Physical Medicine and EMG

This form MUST be completed and provided to your Kinesis Specialist at time of your FIRST appointment!		
Name:	Age:	Family Physicians Name:

Handedness R or L

Please list any HEALTH ISSUES you have ever had. (eg. diabetes, thyroid problems, etc.)

_____

_____

Please list any SURGERIES you have ever had.

_____

_____

Please list any HEALTH ISSUES that run in your FAMILY.

_____

_____

Please list any current MEDICATIONS.

_____

_____

Please list any other MEDICATIONS you have PREVIOUSLY TRIED for your current problem.

_____

Do you have ALLERGIES to any medications? If yes, which medications?

_____

Occupation _____ **Age and gender of children** _____

Marital status _____**Are they healthy?** _____

Do you smoke? Yes / No **If yes, how much per day?** _____

Do you drink alcohol? Yes / No **If yes, how much per week?** _____

Do you partake in recreational drugs? Yes / No