

Therapist name: _____

Your name: _____

Medical history

Are you currently taking any medication?

☐ Yes ☐ No If yes, please list: _____

Have you had any recent surgeries, accidents or injuries?

☐ Yes ☐ No If yes, please explain: _____

Presenting symptoms

Do you have any of the following conditions? (Check all that apply)

☐ Heart condition ☐ High/low blood pressure ☐ Diabetes
☐ Skin conditions ☐ Cancer ☐ Epilepsy ☐ Immunodeficiency
☐ Other: _____

Are you currently pregnant?

☐ Yes ☐ No If yes, how many weeks? _____

Consent & waiver

I understand this osteopathy session is intended for general well-being, is not a substitute for medical care, and is strictly non-sexual. I agree to notify the therapist of any health changes that may affect my treatment. Urban's role is to connect me with an independent therapist, and my contract is directly with them. I release Urban and the therapist from liability related to this session.

Date: _____

Client signature: _____