Heavenly Hands by Kate, LMT #2886
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Change of Condition Report

If you experience a sudden change in your physical condition, we would like to know about it because we want your treatment to be the best possible for your present state. Your complete recounting of any discomfort you have felt, and any accident or injuries you have had recently, even if you experienced no apparent reaction, will help us help you more. Please provide us with the information requested below.

You can type into this form on screen or print it and write by hand. Please bring it with you to your appointment. Please do not email it.

Name _____ **Date** _____

List any falls, accidents, or other injuries or new complaints you have had since your last visit:

Date of injury _____ **Time** _____

Where did it happen? _____

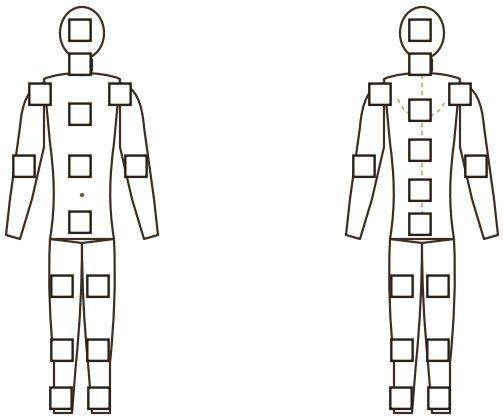
What happened? How did the change of symptoms occur?

List any out-of-the-ordinary pains, discomforts, or symptoms you have experienced as a result of this injury:

What have you done to try to relieve your symptoms?

Have you received any other medical care for this injury? If so, please list the medical care:

Please mark areas of pain or injury on the illustration below and give a written description of the symptoms you are experiencing in those areas:



FRONT BACK

Tick the boxes on the figures to mark areas of pain or injury (or circle areas by hand if you print this form).