

This is a sample case history form, which includes a range of possible questions that you could ask a Shiatsu patient/ client. You can use it as it is, or as a starting point for developing your own case history form. Please feel free to adapt it to suit your needs.

## CLIENT QUESTIONNAIRE

### Personal Data

Name: \_\_\_\_\_ D.O.B.: / / Age: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Children: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Exercise? \_\_\_\_\_

Primary reason for coming for Shiatsu: \_\_\_\_\_

Had Shiatsu before: \_\_\_\_\_ Where got my number: \_\_\_\_\_

Hobbies: \_\_\_\_\_ What do you want out of / expect from Shiatsu? \_\_\_\_\_

### Medical History

Injuries: \_\_\_\_\_

Backache? \_\_\_\_\_ Headaches/Migraines? \_\_\_\_\_ Other? \_\_\_\_\_

Respiratory problems? \_\_\_\_\_ Sleep? \_\_\_\_\_

Energy levels? \_\_\_\_\_ Bowels? \_\_\_\_\_ Urine? \_\_\_\_\_

Allergies / Dietary restrictions \_\_\_\_\_

Medication \_\_\_\_\_ Supplements/herbs \_\_\_\_\_

Family history of illness \_\_\_\_\_

Stress \_\_\_\_\_ Smoker \_\_\_\_\_

### Diet

Appetite/digestion \_\_\_\_\_ Water intake \_\_\_\_\_

Alcohol intake \_\_\_\_\_ Tea/coffee intake \_\_\_\_\_

Thirst \_\_\_\_\_ Vegetarian/Vegan \_\_\_\_\_

Cravings \_\_\_\_\_ Vitamins/supplements \_\_\_\_\_

### Reproductive System

Pregnancy \_\_\_\_\_ Menstruation \_\_\_\_\_

Libido \_\_\_\_\_ Contraceptive \_\_\_\_\_

HRT \_\_\_\_\_ Other \_\_\_\_\_

### Tongue

Colour \_\_\_\_\_ red? White? (Yang def.) Quiver (Sp)? \_\_\_\_\_



