Confidential Patient Information

C & K Healing Touch Physical Therapy PC / 295 Madison Ave Ste 410 New York NY 10017 / Ph:(212)682-2750 Fax:(212)682-6588

This information is confidential. If we do not believe your problem will respond favorably, we will not be able to accept your case. We will refer you to disciplines we believe will help you.

Date: _____ Patient Name: _____

Home/Cell Phone: _____ SSN: _____ Age: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Marital Status: S M W D How many children do you have? _____

Occupation: _____ Work Phone: _____
Employer: _____
Address: _____
City: _____ State: _____ Zip: _____

Spouse Name: _____ Occupation: _____
Employer: _____ Work Phone: _____

Medical History:

__ Anemia	__ Cancer	__ CVA	__ Hepatitis	__ Ra	__ Sickle Cell
__ Angina	__ Child Ds	__ Diabetes	__HTN	__ Heart	__ High BP
__ Asthma	__ CHF	__ Emphysema	__ Gall Bladder	__ Phlebitis	__ Tuberculosis
__ Bleed Ds	__ Cirrhosis	__ Gout	__ PVD	__ VD	__ Osteoarthritis
__ Bronchitis	__ Claudication		__ Stomach Ulcer		__ Osteoporosis

Past Surgeries:_____

_____

Please List other doctors consulted for present complaints and injuries:

Name: _____ What kind of Dr. _____
When Consulted: _____ Diagnosis: _____
Treatment/X-rays: _____
How long did you see the doctor? _____ How frequently? _____
Results: _____

Name: _____ What kind of Dr. _____
When Consulted: _____ Diagnosis: _____
Treatment/X-rays: _____
How long did you see the doctor? _____ How frequently? _____
Results: _____

Patient Questionnaire and Informed Consent

Graston Technique® (GT) is a unique, evidence-based form of instrument-assisted soft tissue mobilization that enables clinicians to effectively and efficiently address soft tissue lesions and fascial restrictions resulting in improved patient outcomes.

GT uses specially-designed stainless steel instruments with unique treatment edges and angles to deliver an effective means of manual therapy. The use of the GT instruments, when combined with appropriate therapeutic exercise, leads to the restoration of pain-free movement and function.

Please answer the following questions. Read the statements concerning Graston Technique® (GT) and sign below. If you have any questions, please speak with your clinician.

1.	Do you bruise easily?	Yes	No
2.	Do you bleed for a long period of time after you cut yourself?	Yes	No
3.	Are you taking blood thinners or anticoagulants?	Yes	No
4.	Do you take aspirin on a regular basis?	Yes	No
5.	Do you take cortisone on a regular basis?	Yes	No
6.	Have you ever had inflamed veins or blood clots?	Yes	No
7.	Do you have surgical implants in your body?	Yes	No
8.	Do you have diabetes or kidney disease?	Yes	No
9.	Do you currently have any infections?	Yes	No
10.	Do you have uncontrolled high blood pressure?	Yes	No

Graston Technique® may produce the following:

1. Local discomfort during the treatment.
2. Reddening of the skin.
3. Superficial tissue bruising.
4. Post treatment soreness.

Graston Technique® is designed to minimize discomfort; however the above reactions are normal, and in some instances desirable and unavoidable.

The Graston Technique® protocol has several basic components. Your clinician will determine the protocol for you.

1. Warm up of the treatment area.
2. Graston Technique® Treatment.
3. High repetition, low load exercise.
4. One to three 30-second stretches.
5. Low repetition, high weight exercise.
6. Ice therapy.
7. Stretching/rehabilitation exercise.

All components of Graston Technique® have been explained to me. I understand the risks of the procedure and I give my full consent for treatment.

Print your name_____ Date_____

Your signature_____