Angela Niele
HEALING ARTS

www.angelamielehealing.com info@angelamielehealing.com

Health History

Name of Emergency Contact: Relationship: Contact Information: HEALING ARTS	Personal Information	
Email: Phone: Type (circle one): home work cell DOB: (mm/dd/yy) Current occupation: Relationship status:	Name:	
Phone:Type (circle one): home work cell DOB:	Address: _	
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Current occupation: Relationship status: Emergency Contact Name of Emergency Contact: Relationship: Contact Information: HEALLYG ARTS Health Information Describe any significant past or present history concerning your physical health in the following areas: Chronic pain or disability Accidents or injuries Cardiovascular events, ie. heart attack, stroke Head/spine issues ie. concussion, spine injury	Email:	
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 Accidents or injuries Cardiovascular events, ie. heart attack, stroke Head/spine issues ie. concussion, spine injury 	Describe any significant	past or present history concerning your physical health in the following areas:
 Cardiovascular events, ie. heart attack, stroke Head/spine issues ie. concussion, spine injury 	 Chronic pain or 	disability
Head/spine issues ie. concussion, spine injury	 Accidents or inj 	uries
	 Cardiovascular 	events, ie. heart attack, stroke
Any thing requiring medical intervention or surgery	 Head/spine issu 	es ie. concussion, spine injury
	 Any thing requi 	ring medical intervention or surgery

escribe any significant past or preser	nt history concerning your mental and en	notional life (include major li
ressors, events, traumas, or medical	diagnosis):	
you have trouble sleeping?		
ease list medications and any pertine	//	
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and the second s		
you use recreational drugs?		
no do you have on your health team	currently?	
larifying Questions there any other relevant information	that has not been severed here?	h//al
there any other relevant information	that has not been covered here:	al per
	111	/
		HEALING ARTS
hat are your main concerns and why	did you choose this modality?	
nat are your goals regarding your ph	ysical, emotional, mental health presentl	y and in the future?
		
(printed name)	(signature)	(date)
	(SICHALLIE)	