

Your Patient Health History

PLEASE FILL IN THE APPROPRIATE SPACES. (All information you give is confidential)

Patients Name: _____ Today's Date: _____

Major Complaint: _____

How long have you had this condition? _____

Date of Onset? _____

Have you lost workdays? Yes No If yes, how many? _____

Have you had a similar condition before? Yes No If yes, when? _____

Is this condition **accident** related? Auto Work If yes, when? _____

****IF YOU ANSWERED YES TO THE ABOVE QUESTION, STOP & SEE THE FRONT DESK****

When was your last auto accident? _____

When was the one before that? _____

Previous Chiropractic Care? Yes No Chiropractor's name? _____

What was the *reason* for your initial visit? _____

What spinal maintenance programs were you given to maximize the future stability of your spine? _____

Did you follow it? Yes No If not, why? _____

Why are you changing chiropractors? _____

What surgeries have you had? _____

PLEASE, List *any* and *all* drugs & medications you now take (prescription and over-the-counter)

Names of other doctors you have seen for this condition _____

****What are your health goals?** _____

****How do you expect to achieve them?** _____

Please circle any of these signs and symptoms you've had within the last 12 month's:

- | | | |
|------------------------|------------------------------------|--------------------|
| Fractured bones | Neck pain or stiffness | Foot trouble |
| Arthritis | Numbness, tingling, pain in arms | Chest Pain, Asthma |
| Diabetes | hands, fingers R L | Heart Problems |
| Convulsions epilepsy | Jaw pain | Stroke |
| Skin Problems | Difficulty in excessive standing, | High/Low Blood |
| Cancer | sitting, riding, bending, lifting, | Pressure |
| Frequent Colds, Flu | twisting | Varicose Veins |
| Depressed | Shoulder pain | Liver Trouble |
| Irritable | Dizziness | Gall Bladder |
| Anemia | Ringing in the ears | Trouble |
| Allergy, Sinus | Hearing Loss | Digestive Problems |
| Under Stress | Blurred or Double vision | Ulcers |
| Eating Disorders | Upper back pain, stiffness | Hemorrhoids |
| Trouble Sleeping | Mid back pain, stiffness | Prostate Problems |
| Trouble Concentrating | Low back pain, stiffness | Impotence |
| Learning Disability | Pain with cough, sneeze | Kidney Trouble |
| Mood Changes | Hip pain R L | Menstrual |
| Headaches | Numbness, tingling, pain in the | Problems |
| Carpel Tunnel syndrome | Buttocks, legs, feet, toes | Pregnant |
| Ear Infections | R L | Bedwetting |
| Other: _____ | | |

Vetebral Subluxations can cause your pain

Which pain or condition you have circled is the worst for you? _____

How long has it bothered you? _____

Vertebral Subluxations can cause irritation to the different fibers within nerves.

Is your pain Sharp or Dull? _____

Subluxations can put pressure on the spinal cord which can be constant or occasional.

Which do you feel? _____

Pressure on the spinal cord or nerves can be worse in the AM or the PM.

Which one is harder for you? _____

Does this radiate into an extremity or stay in one area? _____

Thank you for taking the time to help us understand what's happening with you
