

HEALTH HISTORY

What treatment have you already received for your condition (circle all that apply)?

Medications Surgery Physical Therapy Chiropractic Services None Other _____

Name and address of other doctor(s) who have treated you for your condition: _____

Date of last: Physical Exam _____ Spinal Exam _____ Spinal X-Ray _____

Chest X-Ray _____ Blood Test _____ Urine Test _____

Please circle if you have had or currently have any of the following:

- | | | | |
|---------------------|------------------|---------------------|----------------------|
| AIDS/HIV | Chicken Pox | Liver Disease | Rheumatoid Arthritis |
| Alcoholism | Diabetes | Measles | Rheumatic Fever |
| Allergy Shots | Emphysema | Migraine Headaches | Scarlet Fever |
| Anemia | Epilepsy | Miscarriage | Stroke |
| Anorexia | Fractures | Mononucleosis | Suicide Attempt |
| Appendicitis | Glaucoma | Multiple Sclerosis | Thyroid Problems |
| Arthritis | Goiter | Mumps | Tonsillitis |
| Asthma | Gonorrhea | Osteoporosis | Tuberculosis |
| Bleeding Disorders | Gout | Pacemaker | Tumors, Growths |
| Breast Lump | Heart Disease | Parkinson's Disease | Typhoid Fever |
| Bronchitis | Hepatitis | Pinched Nerve | Ulcers |
| Bulimia | Herniated Disk | Pneumonia | Vaginal Infections |
| Cancer | Herpes | Polio | Venereal Disease |
| Cataracts | High Cholesterol | Prostate Problem | Whooping Cough |
| Chemical Dependency | Kidney Disease | Psychiatric Care | Other _____ |

EXERCISE

WORK ACTIVITY

HABITS

- | | | | |
|----------|-------------|------------------------|-------------------|
| None | Sitting | Smoking | Packs/Day _____ |
| Moderate | Standing | Alcohol | Drinks/Week _____ |
| Daily | Light Labor | Coffee/Caffeine Drinks | Cups/Day _____ |
| Heavy | Heavy Labor | High Stress Level | Reason _____ |

Are you pregnant? _____ Due Date: _____

Injuries/Surgeries you have had:

	Description	Date
Falls	_____	_____
Head Injuries	_____	_____
Broken Bones	_____	_____
Dislocations	_____	_____
Surgeries	_____	_____

MEDICATIONS

ALLERGIES

VITAMINS/HERBS/MINERALS
