Personal and Family Health History

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone: (H) _____ (W) _____

E-mail _____

Date of Birth _____ (Age _____)

Referred By _____

Social Security # _____

Occupation _____

Employer _____

Marital Status: **S** **E** **M** **D** **W**

Spouse's Name _____

Spouse's Occupation _____

Spouse's Employer _____

Children? **Y** **N** If so, Ages: _____

Current Health Condition

Present Complaint or Crisis? If no current crisis, what is the reason for your visit today?

Major _____

Pain or Problem started on _____

Pains are: ❒ Sharp ❒ Dull ❒ Constant ❒ Intermittent

What activities aggravate your condition/pain? _____

What activities lessen your condition/pain? _____

Is condition worse during certain times of the day? _____

Is this condition interfering with work? _____ Sleep? _____ Routine? _____ Other? _____

Is this condition getting progressively worse? _____

Other Doctors seen for this condition: _____

Any home remedies? _____

Other symptoms:

❒ Headaches	❒ Dizziness	❒ Fatigue	❒ Loss of Smell
❒ Neck Pain/Stiffness	❒ Face Flushed	❒ Depression	❒ Loss of Taste
❒ Sleeping Problems	❒ Buzzing in Ear	❒ Light Bothers Eyes	❒ Diarrhea
❒ Back Pain	❒ Pins & Needles in Legs	❒ Loss of Memory	❒ Feet Cold
❒ Nervousness	❒ Pins & Needles in Arms	❒ Ears Ring	❒ Hands Cold
❒ Tension	❒ Numbness in Fingers	❒ Fever	❒ Stomach Upset
❒ Irritability	❒ Numbness in Toes	❒ Fainting	❒ Constipation
❒ Chest Pains	❒ Shortness of Breath	❒ Cold Sweats	❒ Loss of Balance

Have you been under drug & medical care? _____

What medications are you taking? _____

How Long? _____

Have you had surgery? _____ What? _____

_____ When? _____

What side effects have you experienced from the drugs & surgery? _____

_____

Family history:

	Heart Disease	Arthritis	Cancer	Diabetes	Other _____
Father's Side	❒	❒	❒	❒	❒
Mother's Side	❒	❒	❒	❒	❒

Your oldest grandparent on record lived to the age of _____?

❒ Still living ❒ Deceased

As a result of my chiropractic care, I would like to *(Please check* ***all*** *that apply)*

❒ Feel better quickly ❒ Have a healthier spine ❒ Live a healthier lifestyle

_____ _____

Signature Date