

HEALTH HISTORY

What treatment have you already received for your condition?

- Medications Surgery Physical Therapy Chiropractic None
 Other _____

Name of the Facility/Doctor where and who treated you _____

Date of Last: (Mark dates that you know)

Physical Exam _____	Spinal X-ray _____
Spinal Exam _____	Chest X-ray _____
Dental X-ray _____	Blood Test _____
Urine Test _____	MRI _____
CT-Scan _____	Bone Scan _____

Place a check mark to indicate that you **have** had any of the following:

AIDS/HIV _____	Diabetes _____	Migraine Headaches _____	Stroke _____
Alcoholism _____	Bulimia _____	Anorexia _____	Emphysema _____
Epilepsy _____	Anemia _____	Allergy Shots _____	Bleeding Disorders _____
Asthma _____	Gout _____	Goiter _____	Multiple Sclerosis _____
Measles _____	Mumps _____	Fractures _____	Arthritis _____
Osteoporosis _____	Polio _____	Prosthesis _____	Parkinson's Disease _____
Hernia _____	Cancer _____	Bronchitis _____	Breast Lump _____
Pacemaker _____	Pinched Nerve _____	Prostate Problem _____	Psychiatric Care _____
Ulcers _____	Hepatitis _____	Chicken Pox _____	Chemical Dependency _____
Cataracts _____	Glaucoma _____	Heart Disease _____	High Cholesterol _____
Tuberculosis _____	Liver Disease _____	Kidney Disease _____	Herniated Disk _____
Rheumatoid Arthritis _____		Thyroid Problems _____	Tumors/Growths _____
Sexually Transmitted Disease _____			
Other _____			

Exercise: None Moderate Daily Heavy

Work Activity: Sitting Standing Light Labor Heavy Labor

Habits:

<input type="checkbox"/> Smoking	Packs/Day _____
<input type="checkbox"/> Alcohol	Drinks/Week _____
<input type="checkbox"/> Coffee	Cups/Day _____
<input type="checkbox"/> High Stress	Reason _____

Are you pregnant? Yes No Due Date _____

Injuries/Surgeries you have had:

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

Please list any medications and the dosage you are presently taking including vitamin/herbal supplements.

Please list any allergies to medications/supplements you have.
