

PAST HEALTH FORM

THE FOLLOWING MAY SEEM UNRELATED TO THE PURPOSE OF YOUR APPOINTMENT, HOWEVER, THESE QUESTIONS MUST BE ANSWERED CAREFULLY AS THESE PROBLEMS CAN AFFECT YOUR OVERALL COURSE OF CHIROPRACTIC CARE.

PLEASE CHECK ALL THAT APPLY

MAJOR SURGERIES/OPERATIONS:

- APPENDECTOMY TONSILLECTOMY GALL BLADDER HERNIA BACK SURGERY
 BROKEN BONES OTHER: _____

MAJOR ACCIDENT OR FALLS (OTHER THAN WHAT YOU ARE BEING SEEN FOR TODAY) _____

HOSPITALIZATION (OTHER THAN ABOVE) _____

PLEASE LIST ALL PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS YOU ARE CURRENTLY TAKING

DO YOU WEAR A SHOE LIFT? YES NO

CHECK ANY OF THE FOLLOWING DISEASES YOU HAVE HAD:

- PNEUMONIA ANEMIA DIABETES PLEURISY **INTAKE**
 RHEUMATIC FEVER MEASLES CANCER ARTHRITIS COFFEE, CUPS/DAY _____
 POLIO MUMPS HEART DISEASE EPILEPSY TEA CUPS/DAY _____
 TUBERCULOSIS SMALL POX THYROID MENTAL DISORDERS ALCOHOL, DRKS/WK ____
 WHOOPING COUGH CHICKEN POX INFLUENZA LUMBAGO CIGARETTES, PK/DAY ____
 ECZEMA WHITE SUGAR

CHECK ANY OF THE FOLLOWING YOU HAVE HAD REGULARLY THE PAST 6 MONTHS:

MUSCULO-SKELETAL GASTRO-INTESTINAL C-V-R

- LOW BACK PAIN POOR/EXCESSIVE APPETITE CHEST PAIN
 PAIN BETWEEN SHOULDERS EXCESSIVE THIRST SHORT BREATH
 NECK PAIN FREQUENT NAUSEA BLOOD PRESSURE PROBLEMS
 ARM PAIN VOMITING IRREGULAR HEARTBEAT
 JOINT PAIN/STIFFNESS DIARRHEA HEART PROBLEMS
 WALKING PROBLEMS CONSTIPATION LUNG PROBLEMS/CONGESTION
 DIFFICULT CHEWING/CLICKING JAW HEMORRHOIDS VARICOSE VEINS
 GENERAL STIFFNESS LIVER PROBLEMS ANKLE SWELLING
 GALL BLADDER PROBLEMS STROKE

NERVOUS SYSTEM WEIGHT TROUBLE

- NERVOUSNESS ABDOMINAL CRAMPS **MALE/FEMALE**
 NUMBNESS GAS/BLOATING AFTER MEALS MENSTRUAL IRREGULARITY
 PARALYSIS HEARTBURN MENSTRUAL CRAMPS
 DIZZINESS BLACK/BLOODY STOOL VAGINAL PAIN/INFECTION
 FORGETFULNESS COLITIS BREAST PAIN/LUMPS
 CONFUSION/DEPRESSION PROSTATE/SEXUAL DYSFUNCTION
 FAINTING **GENITO-URINARY** OTHER PROBLEMS:
 CONVULSIONS BLADDER TROUBLE _____
 COLD/TINGLING EXTREMITIES PAINFUL/EXCESSIVE URINATION
 STRESS DISCOLORED URINE **FEMALES ONLY:**
WHEN WAS YOUR LAST PERIOD? _____

GENERAL EENT ARE YOU PREGNANT YES NO NOT SURE

FATIGUE VISION PROBLEMS

ALLERGIES DENTAL PROBLEMS **FAMILY HISTORY**

LOSS OF SLEEP SORE THROAT THE FOLLOWING MEMBERS HAVE A

FEVER EAR ACHES SAME OR SIMILAR PROBLEM AS I DO:

HEADACHES HEARING DIFFICULTY MOTHER SISTER

STUFFED NOSE FATHER SPOUSE

BROTHER CHILD