Below Chiropractic Center

Medical History For: ________________________________

Medical Conditions

______ Arthritis
______ Cancer
______ Diabetes
______ Heart disease
______ Hypertension
______ Psychiatric Illness
______ Skin disorder
______ Stroke

Surgeries

______ Appendectomy
______ Cardiovascular procedure
______ Joint replacement
______ Laminectomy
______ Other
____
____

Allergies

______ Eggs
______ Sulfites
______ Milk or Lactose
______ Peanut
______ Soy
______ Wheat/Gluten
______ Fish/Shellfish

Social History

______ Caffeine used occasionally
______ Caffeine used often
______ Chew tobacco occasionally
______ Chew tobacco often
______ Drink alcohol occasionally
______ Drink alcohol often
______ Exercise not at all
______ Exercise occasionally
______ Exercise often
______ Experience stress occasionally
______ Experience stress often
______ Smoke 1 pack or less a day
______ Smoke more than 1 pack/day
______ Wear seatbelt always
______ Wear seatbelt never
______ Wear seatbelt usually

Family History

______ Arthritis (parent)
______ Arthritis (sibling)
______ Cancer (parent)
______ Cancer (sibling)
______ Cholesterol (parent)
______ Cholesterol (sibling)
______ Diabetes (parent)
______ Diabetes (sibling)
______ Heart problems (parent)
______ Heart problems (sibling)
______ High blood pressure (parent)
______ High blood pressure (sibling)
______ Thyroid (parent)
______ Thyroid (sibling)

Substance Abuse

______ Alcohol (past)
______ Alcohol (present)
______ Amphetamines (past)
______ Amphetamines (present)
______ Barbiturates (past)
______ Barbiturates (present)
______ Cocaine (past)
______ Cocaine (present)
______ Crystal Meth (past)
______ Crystal Meth (present)
______ Heroin (past)
______ Heroin (present)
______ Marijuana (past)
______ Marijuana (present)

Do you have Children?

______ Under 6 years
______ Under 10 years
______ Under 19 years

Occupational Activities

______ Administration
______ Construction
______ Health Care
______ Household
______ Military
______ Teacher
______ Business Owner
______ Daycare/Childcare
______ Heavy equipment operator
______ Light manual labor
______ Heavy manual labor
______ Medium manual labor
______ Police/Fire
______ Truck driver
______ Clerical/Secretary
______ Executive/Legal
______ Manufacturing
______ Professional services
______ Computer use
______ Food service industry
______ Home services
______ Retain work

Recreation

______ Backpacking
______ Golf
______ Soccer
______ Weight lifting
______ Biking
______ Racket ball
______ Swimming
______ Boating
______ Running
______ Tennis
______ Football
______ Skiing
______Walking

Medications

____
____
____
____
____
____

Check ONE Box per Line

Cardiovascular:

Poor circulation	☐ Past	☐ Current	☐ No
High blood pressure	☐ Past	☐ Current	☐ No
Aortic aneurysm	☐ Past	☐ Current	☐ No
Heart disease	☐ Past	☐ Current	☐ No
Vascular disease	☐ Past	☐ Current	☐ No
Heart attack	☐ Past	☐ Current	☐ No
Chest pain	☐ Past	☐ Current	☐ No
High cholesterol	☐ Past	☐ Current	☐ No
Pace Maker	☐ Past	☐ Current	☐ No
Jaw Pain	☐ Past	☐ Current	☐ No
Irregular heartbeat	☐ Past	☐ Current	☐ No
Swelling of legs	☐ Past	☐ Current	☐ No

Genitourinary:

Kidney disease	☐ Past	☐ Current	☐ No
Lower side pain	☐ Past	☐ Current	☐ No
Burning urination	☐ Past	☐ Current	☐ No
Frequent urination	☐ Past	☐ Current	☐ No
Blood in urine	☐ Past	☐ Current	☐ No
Kidney stone	☐ Past	☐ Current	☐ No

Hematologic/Lymphatic:

Hepatitis	☐ Past	☐ Current	☐ No
Blood clots	☐ Past	☐ Current	☐ No
Cancer	☐ Past	☐ Current	☐ No
Easy bruising	☐ Past	☐ Current	☐ No
Easy bleeding	☐ Past	☐ Current	☐ No
Fevers/Chills/Sweats	☐ Past	☐ Current	☐ No

Respiratory:

Asthma	☐ Past	☐ Current	☐ No
Tuberculosis	☐ Past	☐ Current	☐ No
Shortness of breath	☐ Past	☐ Current	☐ No
Emphysema	☐ Past	☐ Current	☐ No
Cold/Flu	☐ Past	☐ Current	☐ No
Cough/Wheezing	☐ Past	☐ Current	☐ No

Ears/Nose/Throat:

Dizziness	☐ Past	☐ Current	☐ No
Hearing loss	☐ Past	☐ Current	☐ No
Sinus infection	☐ Past	☐ Current	☐ No
Nosebleed	☐ Past	☐ Current	☐ No
Sore throat	☐ Past	☐ Current	☐ No
Difficulty swallowing	☐ Past	☐ Current	☐ No
Bleeding gums	☐ Past	☐ Current	☐ No

Eyes:

Glaucoma	☐ Past	☐ Current	☐ No
Double vision	☐ Past	☐ Current	☐ No
Blurred vision	☐ Past	☐ Current	☐ No

Integumentary:

Skin lesions	☐ Past	☐ Current	☐ No
Skin ulcers	☐ Past	☐ Current	☐ No
Skin disease	☐ Past	☐ Current	☐ No
Eczema	☐ Past	☐ Current	☐ No
Psoriasis	☐ Past	☐ Current	☐ No
Rashes	☐ Past	☐ Current	☐ No

Allergic/Immunologic:

Hives	☐ Past	☐ Current	☐ No
Immune disorder	☐ Past	☐ Current	☐ No
HIV/Aids	☐ Past	☐ Current	☐ No
Allergy shots	☐ Past	☐ Current	☐ No
Cortisone use	☐ Past	☐ Current	☐ No

Gastrointestinal:

Gallbladder problems	☐ Past	☐ Current	☐ No
Bowel problems	☐ Past	☐ Current	☐ No
Constipation	☐ Past	☐ Current	☐ No
Liver problems	☐ Past	☐ Current	☐ No
Ulcers	☐ Past	☐ Current	☐ No
Diarrhea	☐ Past	☐ Current	☐ No
Nausea/Vomiting	☐ Past	☐ Current	☐ No
Bloody stools	☐ Past	☐ Current	☐ No
Poor appetite	☐ Past	☐ Current	☐ No

Musculoskeletal:

Gout	☐ Past	☐ Current	☐ No
Arthritis	☐ Past	☐ Current	☐ No
Joint stiffness	☐ Past	☐ Current	☐ No
Muscle weakness	☐ Past	☐ Current	☐ No
Osteoporosis	☐ Past	☐ Current	☐ No
Broken bones	☐ Past	☐ Current	☐ No
Joints replaced	☐ Past	☐ Current	☐ No

Endocrine:

Thyroid disease	☐ Past	☐ Current	☐ No
Diabetes	☐ Past	☐ Current	☐ No
Hair loss	☐ Past	☐ Current	☐ No
Menopausal	☐ Past	☐ Current	☐ No
Menstrual problems	☐ Past	☐ Current	☐ No
Depression	☐ Past	☐ Current	☐ No
Anxiety disorder	☐ Past	☐ Current	☐ No
Unusual stress	☐ Past	☐ Current	☐ No

Constitutional:

Weight loss/gain	☐ Past	☐ Current	☐ No
Energy level issue	☐ Past	☐ Current	☐ No
Difficulty sleeping	☐ Past	☐ Current	☐ No

Neurological:

Babinski	☐ Past	☐ Current	☐ No
Stroke	☐ Past	☐ Current	☐ No
Seizures	☐ Past	☐ Current	☐ No
Head injury	☐ Past	☐ Current	☐ No
Brain aneurysm	☐ Past	☐ Current	☐ No
Numbness	☐ Past	☐ Current	☐ No
Severe headaches	☐ Past	☐ Current	☐ No
Pinched nerves	☐ Past	☐ Current	☐ No
Parkinson's disease	☐ Past	☐ Current	☐ No
Carpal tunnel	☐ Past	☐ Current	☐ No
Spinning/balance	☐ Past	☐ Current	☐ No