

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
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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)

Male Children

- _____ Under 6 years
- _____ Under 10 years
- _____ Under 19 years

Female 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

Medications

Have you ever had any problems with the following?

(Present/Past/No)

Cardiovascular: No_____

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

Genitourinary: No_____

Kidney disease P/P/No
Lower side pain P/P/No
Burning urination P/P/No
Frequent urination P/P/No
Blood in urine P/P/No
Kidney stone P/P/No

Hematologic/Lymphatic: No_____

Hepatitis P/P/No
Blood clots P/P/No
Cancer P/P/No
Easy bruising P/P/No
Easy bleeding P/P/No
Fevers/Chills/Sweats P/P/No

Respiratory: No_____

Asthma P/P/No
Tuberculosis P/P/No
Shortness of breath P/P/No
Emphysema P/P/No
Cold/Flu P/P/No
Cough/Wheezing P/P/No

Ears/Nose/Throat: No_____

Dizziness P/P/No
Hearing loss P/P/No
Sinus infection P/P/No
Nosebleed P/P/No
Sore throat P/P/No
Difficulty swallowing P/P/No
Bleeding gums P/P/No

Eyes: No_____

Glaucoma P/P/No
Double vision P/P/No
Blurred vision P/P/No

Integumentary: No_____

Skin lesions P/P/No
Skin ulcers P/P/No
Skin disease P/P/No
Eczema P/P/No
Psoriasis P/P/No
Rashes P/P/No

Allergic/Immunologic: No_____

Hives P/P/No
Immune disorder P/P/No
HIV/Aids P/P/No
Allergy shots P/P/No
Cortisone use P/P/No

Gastrointestinal: No_____

Gallbladder problems P/P/No
Bowel problems P/P/No
Constipation P/P/No
Liver problems P/P/No
Ulcers P/P/No
Diarrhea P/P/No
Nausea/Vomiting P/P/No
Bloody stools P/P/No
Poor appetite P/P/No

Musculoskeletal: No_____

Gout P/P/No
Arthritis P/P/No
Joint stiffness P/P/No
Muscle weakness P/P/No
Osteoporosis P/P/No
Broken bones P/P/No
Joints replaced P/P/No

Endocrine: No_____

Thyroid disease P/P/No
Diabetes P/P/No
Hair loss P/P/No
Menopausal P/P/No
Menstrual problems P/P/No
Depression P/P/No
Anxiety disorder P/P/No
Unusual stress P/P/No

Constitutional: No_____

Weight loss/gain P/P/No
Energy level issue P/P/No
Difficulty sleeping P/P/No

Neurological: No_____

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