

# HEALTH HISTORY



## PERSONAL INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home #: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: M \_\_\_\_\_ D \_\_\_\_\_ Y \_\_\_\_\_

Workplace: \_\_\_\_\_ Office #: \_\_\_\_\_ Occupation: \_\_\_\_\_

Referred by: \_\_\_\_\_

Single  Widowed  Married (SPOUSE'S NAME): \_\_\_\_\_ Common Law/Partner (NAME): \_\_\_\_\_

Children's names & ages: \_\_\_\_\_

Emergency Contact (NAME): \_\_\_\_\_ Phone#: \_\_\_\_\_

## PREVIOUS TRAUMAS

### MOTORIZED VEHICLE ACCIDENTS

Year: \_\_\_\_\_ Injuries: \_\_\_\_\_

Year: \_\_\_\_\_ Injuries: \_\_\_\_\_

Year: \_\_\_\_\_ Injuries: \_\_\_\_\_

- High Speed Collisions >40km/h?  Vehicles unreparable?  
 Whiplash injury?  Un-belted accident?

### FALLS

Falls from heights \_\_\_\_\_

Falls down stairs \_\_\_\_\_

Other falls \_\_\_\_\_

Broken bones \_\_\_\_\_

Childhood falls \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Falls from:

- Trees  Roof  Play structure  Bicycle

### POSTURES & HABITS

Sitting >6 hours/day  Stomach sleeper

Head forward posture

### SPORTS & RECREATION:

Sports injuries: \_\_\_\_\_

\_\_\_\_\_

Participation in High Impact Activities:

- Hockey  Wrestling  Basketball  
 Running  Mountain bike  Climbing  
 Football  Gymnastics  \_\_\_\_\_

### OCCUPATIONAL STRESSES

Occupation \_\_\_\_\_

Tasks \_\_\_\_\_

Work injuries \_\_\_\_\_

\_\_\_\_\_

Home injuries \_\_\_\_\_

My job requires:

- Heavy Lifting  Awkward positions  
 Repetitive stresses  Sitting long periods

### BIRTH TRAUMA was your delivery

Difficult  Forceps  C-section

Epidural  Suction  Resuscitation

# BODY SIGNALS

## HOW CAN WE HELP?

I am here for wellness     I have an area of concern

Location: \_\_\_\_\_

Was there something specific that caused this/these symptoms?  
\_\_\_\_\_

How long have you had this condition?  
\_\_\_\_\_

Have you had a similar condition in the past?  
\_\_\_\_\_

What activities aggravate your condition?  
\_\_\_\_\_

What relieves your condition?  
\_\_\_\_\_

Are you getting pain or numbness in your arms or legs?  
\_\_\_\_\_

Is your condition getting progressively worse?

Yes     No     It's constant     It comes and goes

Pains are:     Sharp     Dull     Burning

Tightness     Throbbing

Are there words you can use to describe your symptoms?  
\_\_\_\_\_

Pain severity (mark on the line, 0 no pain; 10 most severe)

0 .....10

How is this condition interfering with your life?

Work     Daily Routine     \_\_\_\_\_

Other doctors who treated this condition:  
\_\_\_\_\_

## Previous Chiropractic Care

Start Date: \_\_\_\_\_

Last Adjustment: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

## MEDICATIONS

\_\_\_\_\_  
\_\_\_\_\_

**MARK WITH AN X ON THE DIAGRAM ANY PAST OR PRESENT PAIN OR PROBLEMS AND CHECK THE APPROPRIATE CIRCLE BELOW:**

Headaches     Facial pain

Vision problems     Hearing problems

Shoulder: Pain / Numbness / Tingling (circle)

Arm: Pain / Numbness / Tingling (circle)

Hand: Pain / Numbness / Tingling (circle)

Wrist: Pain / Numbness / Tingling (circle)

Hip: Pain / Numbness / Tingling (circle)

Knee: Pain / Numbness / Tingling (circle)

Foot: Pain / Numbness / Tingling (circle)

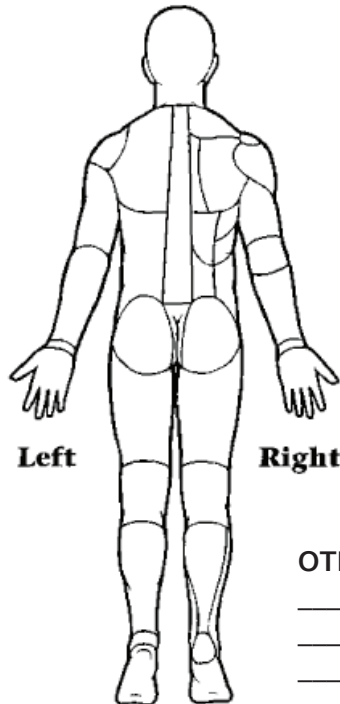
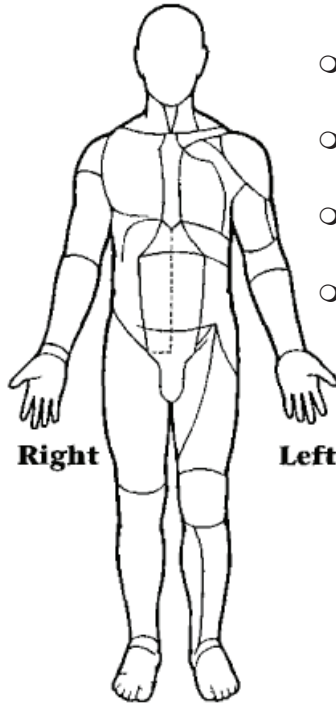
Neck Pain

Upper Back Pain

Middle Back Pain:

Low Back Pain

Sacroiliac Pain:



## OTHER HEALTH PROBLEMS?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SURGERIES

\_\_\_\_\_  
\_\_\_\_\_

# BODY SYSTEM SIGNALS

PLEASE CHECK ANY OF THE FOLLOWING SIGNS OF ORGAN MALFUNCTION OR DIS-EASE YOU HAVE EXPERIENCED:

- Blurred /failing vision
- Deafness /ringing in ears
- Earaches
- Sore throat /tonsillitis
- Thyroid problems
- Sinus problems

## Cardiovascular system

- Chest Pain
- Shortness of Breath
- Heart Medication
- High Blood Pressure Medication
- High Cholesterol Medication
- Swelling of Legs

## Respiratory system

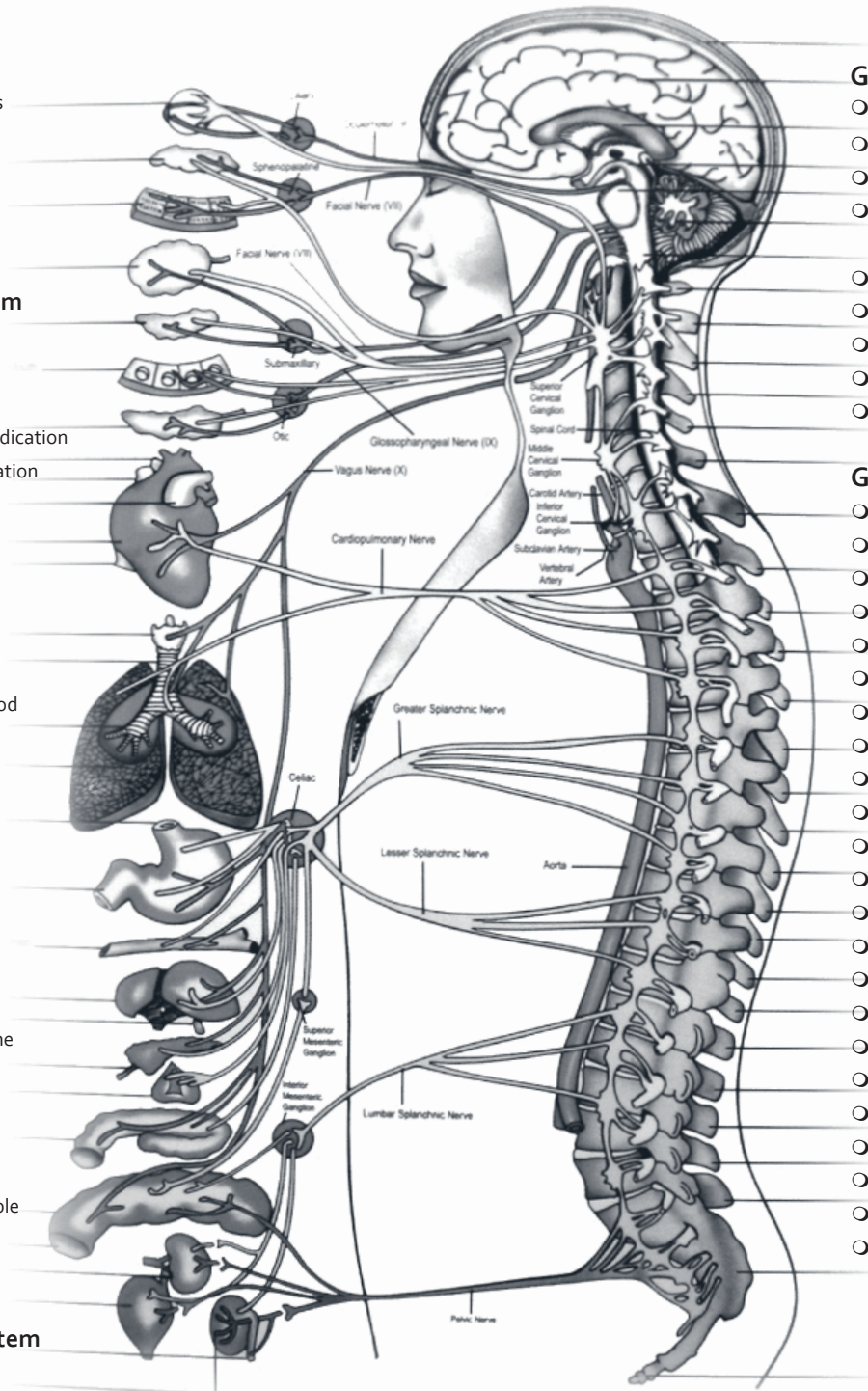
- Frequent bronchitis
- History of pneumonia
- Chronic cough
- Spitting up phlegm /blood
- Difficulty breathing
- Tuberculosis
- Pneumonia

## Digestive system

- Heartburn / indigestion
- Stomach Cramps
- Constipation /diarrhea
- Food Allergy
- Irritable Bowel Syndrome
- Crohn's Disease
- Ulcers
- Belching /gas
- Nausea or vomiting
- Liver /gall bladder trouble
- Colon trouble
- Black /bloody stool

## Musculoskeletal system

- Painful Joints
- Painful Muscles
- Tendinitis
- Bursitis
- Arthritis



## General Symptoms

- Fever / chills / sweats
- Frequent colds
- Fainting / dizziness
- Seizures / convulsions
- Headaches /migraine
- Neck pain /stiffness
- Tension across shoulders, L R
- Mid-back pain /stiffness
- Numbness /tingling: hands /arms

## General Symptoms

- Skin problems
- Tremors
- Loss of balance
- Unexplained weight loss/gain
- Anemia
- Alcoholism
- HIV/AIDS
- Loss of sleep
- Poor memory /concentration
- Learning disability
- Irritable /nervous /tension
- Depression /emotional problems
- Decreased energy / fatigue
- Tired /lethargic
- Autoimmune Disease
- Antibiotic Use
- Cancer: \_\_\_\_\_
- Allergies / Asthma
- Scoliosis / spinal curvature
- Low back pain / stiffness
- Faulty posture
- Painful tailbone
- Foot trouble, L R

## Females Only

- Painful menstruation
- Cramps or backaches
- Passed menopause
- Currently pregnant?  Y  N
- Excessive /irregular flow
- Abnormal discharge
- Miscarriages # \_\_\_\_\_
- Date of last menstrual period: \_\_\_\_\_