Confidential Patient Case History

Dear Patient: Please complete this questionnaire. Your answers will help us determine if chiropractic can help you. If we do not sincerely

elieve your condition will	respond satisfacto	rily, w	e wil	not accept your case. TH	ANK YOU	J.	. ,	,
Name				Date				
	ate box for any of t	he fol	lowir	g symptoms which you no	ow have	or have had p	revious	ly. We want all the facts
about your health before	we accept your cas	e. THI	S IS A	CONFIDENTIAL HEALTH F	REPORT.			
O – OCCASIONAL F – FREC	QUENT	O F	: с			OFC		
C – CONSTANT				GASTRO-INTESTINAL			CARD	IO-VASCULAR
				Belching or gas			Harder	ning of arteries
O F C				Colitis				lood pressure
GENERAL				Colon trouble			Low bl	ood pressure
□ □ Allergy				Constipation			Pain ov	ver heart
□ □ Chills				Diarrhea			Poor ci	rculation
☐ ☐ Convulsions				Difficult digestion			Rapid I	neart beat
□ □ Dizziness				Distension of abdomen			Slow h	eart beat
□ □ Fainting				Excessive hunger			Swellin	ng of ankles
□ □ Fatigue				Gall bladder trouble			RESPI	RATORY
□ □ Fever				Hemorrhoids			Chest	oain
□ □ Headache				Intestinal worms			Chroni	c cough
□ □ Loss of sleep				Jaundice			Difficu	lt breathing
☐ ☐ Loss of weight				Liver trouble			Spittin	g up blood
□ □ □ Nervousness/de	epression			Nausea			Spittin	g up phlegm
□ □ Neuralgia				Pain over stomach			Wheez	ing
□ □ Numbness				Poor appetite			SKIN	
□ □ □ Sweats				Vomiting			Boils	
□ □ Tremors				Vomiting of blood				,
MUSCLE & JOI	NT			EYES, EARS, NOSE				
□ □ Arthritis				&THROAT				
□ □ Bursitis				Asthma			Itching	
□ □ □ Foot trouble				Colds				uptions (rash)
□ □ Hernia				Crossed eyes			Varicos	se veins
□ □ Low back pain				Deafness				TO-URINARY
□ □ Lumbago				Dental Decay				-
□ □ □ Neck pain or sti				Earache				
□ □ Pain between s				Ear discharge				ent urination
Pain or numbi	ness in:			Ear noises				y to control kidneys
□ □ Shoulders				Enlarged glands				infection or stones
□ □ □ Arms				Enlarged thyroid				urination
□ □ □ Elbows				Eye pain				te trouble
□ □ Hands				Failing vision				
□ □ Hips				Far sightedness				VOMEN ONLY
□ □ □ Legs				Gum trouble			_	sted breasts
□ □ Knees				Hay fever				s or backache
☐ ☐ Feet	_			Hoarseness				ive menstrual flow
☐ ☐ Painful tail bone	9			Nasal obstruction				
□ □ Poor posture				Near sightedness			_	
□ □ Sciatica	•			Nosebleeds Sinus infection				pausal symptoms
□ □ Spinal Curvatur □ □ □ Swollen joints	е			Sore throat				menstruation I discharge
шш зwollen joints				Tonsillitis			_	Are you pregnant?
	CHEC			LOWING CONDITIONS YO	U HAVE		I NO	Are you pregnant:
☐ Alcoholism	☐ Cold sores			□ Goiter		scarriage		☐ Scarlet fever
☐ Anemia	☐ Diabetes			Gout		ıltiple sclerosi		☐ Stroke
☐ Appendicitis	☐ Diphtheria			☐ Heart disease	☐ Mu			☐ Tuberculosis
☐ Arteriosclerosis	□ Eczema			□ Influenza	□ Ple			☐ Typhoid fever
☐ Arthritis	☐ Emphysema			☐ Lumbago		eumonia 		□ Ulcers
□ Cancer	☐ Epilepsy			□ Malaria	☐ Pol	110		□ Venereal disease

☐ Measles

☐ Fever blisters

☐ Chorea

☐ Whooping cough

☐ Rheumatic fever

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What is your major complaint?										
List surgical operation and year	ars:									
Others: Age of mattress: Heel li Have you been in an auto acci	ve pills	cle relaxers Birth control pills Uncomfortable soles Arch support st five years Over f	s ive years Never							
Have others in your	family had such disorders?	l Yes □ No When?								
HAVE YOU EVER: Been knocked unconscious? Used a cane, crutch, or other Been treated for a spine or no Had a fractured bone? Been hospitalized for anythin	erve disorder?	Yes No	DESCRIBE BRIEF	-LY						
DO YOU: Now take vitamins or miner. Think you may need vitamin Have an allergy to any drug?	s or minerals?									
DATE OF LAST: Spinal examination Physical examination Blood test Chest X- ray Spinal X-ray Dental X-ray Urine test	Less than 6 months	6-18 months	Over 18 months	Never						
HABITS Alcohol Coffee Tobacco Drugs Exercise Sleep Appetite	Heavy □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Moderate □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Light □ □ □ □ □ □ □ □ □ □ □ □	None						
IN CASE OF EMERGENCY: (Na	me of relative or close friend r	not living in your home):	NAME							
ADDRECC.		DUOA	ır.							