

Chiropractic Health & Wellness Clinic – Devon

Drs Inge & Aaron Freed

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HEALTH & LIFESTYLE - MISCELLANEOUS

Do you take vitamins, herbs or minerals? If YES, please list: Yes No

List any medications or drugs you are currently taking:

Do you have any allergies (to food, drugs, environment etc.)? If YES, please list:

FAMILY HISTORY

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Genetic Problems | <input type="checkbox"/> Hypothyroidism |
| <input type="checkbox"/> Auto Immune Condition | <input type="checkbox"/> Heart Attack | <input type="checkbox"/> Cancer | <input type="checkbox"/> Hyperthyroidism |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Stroke | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Vascular Problems |

Not on list:

CHILDHOOD CONDITIONS (please check the conditions that you have had)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Measles | <input type="checkbox"/> Mumps | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Whooping Cough |
| <input type="checkbox"/> Scarlet fever | <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Typhoid Fever |
| <input type="checkbox"/> Ear Infection | <input type="checkbox"/> Tubes in Ears | <input type="checkbox"/> Chronic Illness | <input type="checkbox"/> Asthma |

Allergies

Not on list:

OTHER

Please list any other information that we should be aware of: