

**PAST (O) OR PRESENT (X)**

**GENERAL**

- ☐ cancer
- ☐ depression
- ☐ dizziness
- ☐ fainting
- ☐ fever / chills
- ☐ forgetfulness
- ☐ goiter
- ☐ loss of sleep
- ☐ nervousness
- ☐ night sweats
- ☐ rapid weight loss / gain
- ☐ stress
- ☐ fatigue
- ☐ thyroid disease

**MUSCULAR / SKELETAL**

- ☐ inflammatory arthritis
- ☐ spinal curvature
- ☐ chronic muscle aches
- ☐ chronic swollen joints

**EAR, NOSE, & THROAT**

- ☐ earache R / L
- ☐ ear discharge R / L
- ☐ loss of hearing R / L
- ☐ ringing in the ears R / L
- ☐ blurred / double vision
- ☐ vision flashes / halos
- ☐ nosebleeds (frequent)
- ☐ sinus problems
- ☐ hoarseness

**RESPIRATORY**

- ☐ chronic cough
- ☐ coughing up blood
- ☐ excessive phlegm
- ☐ pneumonia
- ☐ tuberculosis

**CARDIAC**

- ☐ bleeding disorders
- ☐ chest pain
- ☐ high / low blood pressure
- ☐ irregular heartbeat
- ☐ rapid heartbeat
- ☐ poor circulation
- ☐ rheumatic fever
- ☐ swelling of ankles
- ☐ varicose veins

**NEUROLOGICAL**

- ☐ dizziness
- ☐ epilepsy / seizures
- ☐ fainting
- ☐ headache
- ☐ mental disorder
- ☐ numbness / tingling
- ☐ tremors
- ☐ weakness

**SKIN**

- ☐ bruise easily
- ☐ changes in moles
- ☐ hives / rashes
- ☐ itching
- ☐ significant scars
- ☐ skin cancer
- ☐ sores which won't heal

**GASTRO-INTESTINAL**

- ☐ difficulty swallowing
- ☐ bloating
- ☐ excessive gas
- ☐ excessive hunger
- ☐ excessive thirst
- ☐ indigestion
- ☐ nausea (frequent)
- ☐ ulcers

- ☐ vomiting (frequent)
- ☐ vomiting blood
- ☐ abdominal pain
- ☐ appendicitis
- ☐ black or tarry stools
- ☐ constipation (frequent)
- ☐ diarrhea (frequent)
- ☐ hemorrhoids
- ☐ hernia
- ☐ rectal bleeding
- ☐ gall bladder problems
- ☐ liver problems

**URINARY TRACT**

- ☐ blood in urine
- ☐ difficulty in starting urination
- ☐ frequent urinary tract infections
- ☐ frequent urination
- ☐ inability to control urination
- ☐ painful urination
- ☐ kidney disease
- ☐ STD

**MALE**

- ☐ breast lump
- ☐ erectile dysfunction
- ☐ penis discharge
- ☐ prostate problems
- ☐ testicular pain / swelling

**FEMALE**

- ☐ breast lump
- ☐ nipple discharge
- ☐ hot flashes
- ☐ abnormal Pap smear
- ☐ bleeding between periods
- ☐ extreme menstrual pain
- ☐ painful intercourse
- ☐ vaginal discharge

**PLEASE FEEL FREE TO DISCUSS OUR FEES. FEES ARE PAYABLE WHEN SERVICES ARE RECEIVED UNLESS SPECIAL ARRANGEMENTS ARE MADE IN ADVANCE.**

- ☐ I **decline** the receipt of my clinical summary, often blank due to the nature & frequency of chiropractic care.
- ☐ I **request** the receipt of my clinical summary via a **web portal (e-mail address required)**.

Signature \_\_\_\_\_ Date \_\_\_\_\_