

MEDICAL HISTORY

PLEASE FILL IN THE APPROPRIATE SPACES (All information is confidential):

CHIROPRACTIC HISTORY

When did you last see a chiropractor? _____ Dr. _____
Why did you see him/her? _____ Were you helped? ☐ Yes ☐ No
Why are you changing chiropractors? _____
Are you currently wearing? ☐ Heel Lifts ☐ Arch Supports

SURGICAL HISTORY

What surgeries have you had & when?
(i.e. gall bladder 2-28-2000)

PRESCRIPTION DRUGS

List supplements & drugs (both non-prescription & prescription), dosage, & frequency you are taking.

(i.e. ibuprofen 200 mg 4x a day, etc.)

ALLERGIES

What allergies & reactions do you have (both medical & environmental)? What was onset date?

(i.e. pollen sneezing & itchy eyes 4-1-98)

FAMILY HISTORY (*Excluding yourself*)

Circle any conditions in your family & list the family relationship by the condition.

- diabetes _____
- thyroid disease / goiter _____
- tuberculosis _____
- kidney disease _____
- high blood pressure _____
- heart disease _____
- cancer _____
- muscle/bone/nerve disease _____
- lung disease _____
- ulcers _____
- inflammatory arthritis _____
- seizures / stroke _____

SOCIAL HISTORY

Smoking ☐ Yes ☐ No
_____ packs / day

Alcohol ☐ Yes ☐ No
_____ drinks / day
_____ socially only

Recreational drugs ☐ Yes ☐ No