# Patient Health Information

Patient Name ________________________________________________Date________________________

## Medical Screening

**(Circle Yes or No)**

**Have you had chiropractic treatment in the last year? Yes No**

**Have you or any immediate family member been told you have:**

| | Self | Family | | Self | Family |
|---|---|---|---|---|---|
| Cancer | Yes No | Yes No | Diabetes | Yes No | Yes No |
| High Blood Pressure | Yes No | Yes No | Heart Disease | Yes No | Yes No |
| Angina/Chest Pain | Yes No | Yes No | Stroke | Yes No | Yes No |
| Osteoporosis | Yes No | Yes No | Tuberculosis | Yes No | Yes No |
| Arthritis | Yes No | Yes No | | | |

**Do you have a history of:**

| | | | | | |
|---|---|---|---|---|---|
| Allergies/Asthma | Yes No | Headaches | Yes No | Bronchitis | Yes No |
| Kidney Disease | Yes No | Rheumatic fever | Yes No | Ulcers | Yes No |
| Seizures | Yes No | Hepatitis | Yes No | Vertigo | Yes No |

**In the past 3 months, have you had or do you experience:**

| | | | |
|---|---|---|---|
| A change in your health? | Yes No | Nausea/vomiting? | Yes No |
| Fever/chills/sweats? | Yes No | Unexplained weight change? | Yes No |
| Numbness/Tingling | Yes No | Changes in appetite? | Yes No |
| Difficulty in Swallowing? | Yes No | Changes in bowel? | Yes No |
| Shortness of Breath? | Yes No | Changes in bladder function? | Yes No |

**Are you currently:**

| | |
|---|---|
| Pregnant? | Yes No |
| Depressed? | Yes No |
| Under stress? | Yes No |
| Have a pacemaker? | Yes No |

**How are you able to sleep at night? (check one)**

( ) Fine ( ) moderate difficulty ( ) only with medication

**Do you or have you smoked tobacco? (please circle) Yes No**

If yes, # pack/day ____________________X # years________

Last tobacco use _________________________________

**I currently have difficulty with (check all that apply)**

( ) Driving ( ) Getting up from a chair

( ) Walking ( ) Bending at the waist

Are your symptoms: (check one)

( )Getting worse ( ) The same ( ) Getting better

**THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE**

**Signature** ____________________________________________________________**Date**______________________