

**HEALTH HISTORY**

**Please state your primary complaint:** \_\_\_\_\_

\_\_\_\_\_

**How long have you had this?** \_\_\_\_\_ gradual onset \_\_\_ sudden onset \_\_\_

**Frequency of complaint:** \_\_\_ constant 100% of time \_\_\_ frequent 75%  
\_\_\_ occasional 50% \_\_\_ rare 25%

**Overall intensity of complaint:** \_\_\_ severe \_\_\_ moderate \_\_\_ slight

**What activities does your condition disrupt or prevent you from doing:** \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications/Supplements \_\_\_\_\_

Cholesterol Lowering Drugs: \_\_\_\_\_

Surgeries/Hospitalizations: \_\_\_\_\_

Pace Maker/Metal /Breast Implants \_\_\_\_\_

Cancer: \_\_\_\_\_

Diabetes: \_\_\_\_\_

Heart Disease: \_\_\_\_\_

Stomach/Colon: \_\_\_\_\_

Etc. \_\_\_\_\_

Spinal Injuries/Accidents: \_\_\_\_\_

Previous Chiropractic Care: \_\_\_\_\_

Last Menstrual Period: \_\_\_\_\_ PREGNANT? ( ) YES ( ) NO

Previous MRI, CT Scans; X-Rays: \_\_\_\_\_

Sports Activities: \_\_\_\_\_ times per week: 1 2 3 4 5 6 7

Average Daily Emotional Stress Level: ( ) very high ( ) high ( ) medium ( ) minimal

**Patient Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## **Symptoms/health conditions related to spinal region of pain discomfort:**

### **Neck**

- headaches
- dizziness
- ear infections
- sinuses/allergies
- ringing/buzzing in ears
- pain behind eyes/blurred vision
- sore throat/throat infections
- other\_\_\_\_\_
- none

### **Upper back**

- shoulder pain L R
- elbow pain L R
- wrist pain L R
- numb/tingling above L R
- cold, burning, itchy hands
- thyroid condition
- fatigue
- insomnia
- none

### **Middle back**

- chest pains
- palpations
- stomach/digestive problems
- asthma/upper respiratory infections
- heartburn/indigestion
- ulcers/acid reflux
- none

### **Low back**

- diarrhea/constipation
- excess gas
- frequent urination
- frequent bladder infections
- pain, numb/tingling L R
- cold, burning, itchy feet L R
- cramping irregular periods
- difficult getting pregnant/impotence
- none