Personal History

Name: ______________________________ Date: ______________________________

Address: ______________________________ E-Mail Address: ______________________________

City/State: ______________________________ Birth Date: ______________________________

Zip Code: ______________________________ Age: ______________________________

Home Phone: ______________________________ Sex: Male or Female

Employer: ______________________________ Type of Work: ______________________________

Referred by: ______________________________ Name & Ages of Children: ______________________________

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CURRENT HEALTH CONDITION

Unwanted Health Condition: ____

CHECK ANY OF THE FOLLOWING YOU HAVE HAD THE PAST 6 MONTHS:

ENERGY LEVEL:

- ☐ You are overweight or out of condition.
- ☐ You have been told you have arthritis.
- ☐ You feel you are under the physical effects of stress
- ☐ You consume medications so you can "feel" better.
- ☐ You have been involved in one or more car accidents.

MUSCULO-SKELETAL:

- ☐ Low Back Pain
- ☐ Neck Pain
- ☐ Joint/Pain Stiffness
- ☐ Walking Problems
- ☐ Pain Between Shoulders
- ☐ Arm Pain
- ☐ Difficult Chewing/Clicking Jaw
- ☐ General Stiffness

NERVOUS SYSTEM:

- ☐ Nervous
- ☐ Numbness
- ☐ Paralysis
- ☐ Dizziness
- ☐ Forgetfulness
- ☐ Confusion/Depression
- ☐ Fainting
- ☐ Convulsions
- ☐ Cold/Tingling Exremities
- ☐ Stress
- ☐ Chest Pain
- ☐ Shortness of Breath
- ☐ Blood Pressure Problems
- ☐ Irregular Heartbeat
- ☐ Heart Problems
- ☐ Lung Problems/Congestion
- ☐ Varicose Veins
- ☐ Ankle Swelling
- ☐ Stroke

GENERAL:

- ☐ Fatigue
- ☐ Allergies
- ☐ Loss of Sleep
- ☐ Fever
- ☐ Headaches

FAMILY WITH SIMILAR PROBLEMS:

- ☐ Mother
- ☐ Father
- ☐ Brother
- ☐ Sister
- ☐ Spouse
- ☐ Child

PAST HEALTH HISTORY

Please Check:

Major Surgery/Operations: ☐ Appendectomy ☐ Tonsillectomy ☐ Gall Bladder ☐ Hernia ☐ Back Surgery

☐ Other: ____

Previous Chiropractic Care: ☐ None ☐ Doctor's Name & Approximate Date of Last Visit: ______________

Patient Signature: ______________________________ Date: ______________________________