Health History

NAME ______________________________ DATE ______________
ADDRESS ______________________________ CITY/STATE/ ______________ ZIP ________
HOME PHONE ______________________________ MOBILE PHONE ______________
WORK PHONE ______________________________ BIRTHDATE ______________
OCCUPATION ______________________________ EMPLOYER ______________
ADDRESS ______________________________ CITY/STATE ______________ ZIP ________
SPOUSE ______________________________ CHILDREN (NAMES/AGES) ______________
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E-MAIL ADDRESS ____
WHO REFERRED YOU TO US? ______________________________________
PAST CHIROPRACTIC CARE? YES/NO DR.'S NAME/LOCATION ______________
______________________________ LAST VISIT ______________
CURRENT MEDICAL CARE? YES / NO WHY? ______________________________
CURRENT DRUGS/MEDICATION ______________________________________
REASON FOR CONSULTING THIS OFFICE ______________________________
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PLEASE CHECK THE ONE CHOICE THAT MOST CLOSELY DESCRIBES YOUR CURRENT GOALS FOR HEALTH/WELLBEING.

- ❑ I am only concerned about relief of a particular symptom.
- ❑ I am only concerned about relief of a particular symptom, and preventing its return.
- ❑ I want optimum health and wellbeing on every level available to me.

WE ACCEPT PAYMENT BY CASH, CHECK AND CREDIT CARD
I understand that all services are to be paid in full at the time of service, unless other arrangements have been made and agreed upon in writing.

Signature ______________________________ Date ______________

- ❖ The human body is designed to express health and function normally. However, events may occur in life, which can interfere with this natural ability.
- ❖ This interference is most commonly caused by vertebral subluxations, resulting from physical, chemical or emotional stress.
- ❖ The practice of chiropractic is based on locating and reducing the vertebral subluxation, which causes nerve system interference.

Please check any that apply

PLEASE TELL US ABOUT ANY STRESS AT YOUR BIRTH:

- ❑ Drugs/medicine/tobacco/alcohol in pregnancy
- ❑ Labor chemically induced?
- ❑ Forceps/Vacuum Extraction/C-section
- ❑ Premature delivery?
- ❑ Vaccinations?
- ❑ Falls in first year of life?
- ❑ Any health related problems?

Explain: ____________________________________

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PLEASE TELL US ABOUT ANY STRESS ASSOCIATED WITH CHILDHOOD:

- ❑ Any falls or injuries?
- ❑ Allergy/Asthma or Respiratory problems?
- ❑ Ear infections?
- ❑ Digestive problems?
- ❑ Hyperactivity?
- ❑ Any other health related problems?

Explain ____________________________________

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PLEASE TELL US ABOUT ANY STRESS UP TO PRESENT:

- ❑ Auto Accident or Injury?
- ❑ Work Injury?
- ❑ Sports Injury?
- ❑ Work Stress?
- ❑ Family/Home Stress?
- ❑ Prescription Drug Use?
- ❑ Non-Prescription Drug Use?
- ❑ Ever Hospitalized?
- ❑ Surgery?
- ❑ Any Major Illness?
- ❑ Reoccurring Illnesses?
- ❑ Limited Exercise?
- ❑ Poor Nutrition?

Explain ____________________________________

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Anything else? ____

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