GENERAL HEALTH HISTORY

Is your visit due to an accident or a work-related injury? ☐ Yes ☐ No (If yes, please see receptionist for an injury report.)

List other doctor(s) seen for this condition ______________________

Have you ever seen a Chiropractor before? ☐ Yes ☐ No If yes, when was the last time? ______________________

General Medical History (if any of the following are relevant to your medical history, please check accompanying box:)

Past	Present		Past	Present		Past	Present		Past	Present	
☐	☐	Cancer	☐	☐	Diabetes	☐	☐	Heart Condition	☐	☐	Arthritis
☐	☐	Polio	☐	☐	Epilepsy	☐	☐	High Blood Pressure	☐	☐	Depression
☐	☐	Tuberculosis	☐	☐	Hepatitis	☐	☐	Asthma	☐	☐	Blood Disorder
☐	☐	Muscular Dystrophy	☐	☐	Scarlet Fever	☐	☐	Venereal Disease	☐	☐	Fainting

Musculoskeletal Medical History (if any of the following are relevant to your medical history, please check accompanying box:)

Past	Present			Past	Present			Past	Present	
☐	☐ Neck pain			☐	☐ Upper Back Pain			☐	☐ Ankle pain	☐ R ☐ L
☐	☐ Shoulder pain	☐ R ☐ L		☐	☐ Lower Back Pain			☐	☐ Foot pain	☐ R ☐ L
☐	☐ Elbow pain	☐ R ☐ L		☐	☐ Hip pain	☐ R ☐ L		☐	☐ Headaches	
☐	☐ Hand pain	☐ R ☐ L		☐	☐ Upper Leg pain	☐ R ☐ L		☐	☐ Jaw Pain	
☐	☐ Wrist pain	☐ R ☐ L		☐	☐ Lower Leg pain	☐ R ☐ L		☐	☐ Dizziness	

Describe any other conditions the Doctor should be aware of: ______________________

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Have you been treated by a physician for any health condition in the last year? ☐ Yes ☐ No If yes, describe condition ______________________

____

Are you now taking any medication? ☐ Yes ☐ No If yes, what kind? ______________________

Are you allergic to any medication? ☐ Yes ☐ No If yes, what kind? ______________________

Are you pregnant? ☐ Yes ☐ No If no, date of last menstrual period: ______________.

1.) HOSPITAL / SURGERY ☐ Yes ☐ No If yes, describe: ______________________

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2.) ACCIDENTS (AUTO/FALLS) ☐ Yes ☐ No If yes, describe: ______________________

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3.) ACCIDENTS OF THE JOB ☐ Yes ☐ No If yes, describe: ______________________

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4.) IMPORTANT FAMILY HEALTH HISTORY: ______________________

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Notes: ______________________

______________________ Signature

______________ Date