

Past Health History

Description of Occupational (Work) and Recreational (Hobbies) Activities:

Major Accidents, for example: falls from horses, out of trees, concussions, motor vehicle accidents, fractures – even if treatment wasn't sought (state when and what happened/nature of accident).

Surgeries and Hospitalisations (please state when, where and reason for):

Major Illnesses, Diseases, Chronic Conditions (e.g. hay fever, sinuses, poor digestion, etc):

Please tick if you or your close family have had any of the following:

- | | | |
|------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Headache | |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Dizziness | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Stroke |

Any other Illnesses/Diseases of Close Relatives (e.g. grandmother-heart disease & high blood pressure):

How do you feel your general health is? Are you interested in getting nutritional advice? We offer a free initial health consultation.

Height: _____ Weight: _____ Ideal Weight: _____

Current Medication/Supplements:

Are you currently a smoker? Yes/No If no, have you smoked in the past? Yes/No

Pain Diagram

Name: _____

What is your chief complaint? _____

How long have you had your **chief complaint's** symptoms? _____ yrs _____ months _____ wks _____ days

Mark the areas on this drawing where you feel the described sensations. Use appropriate symbols and include all affected areas.

Numbness

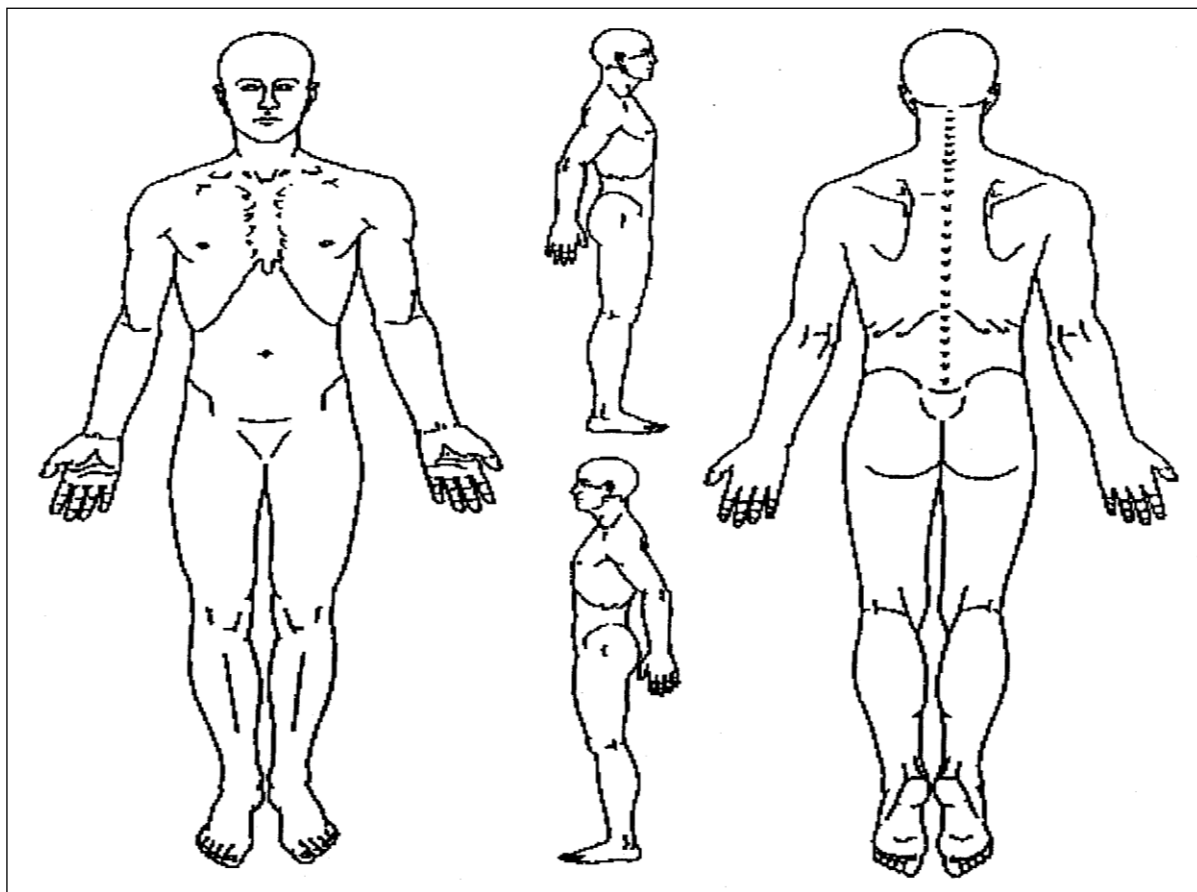
Pins & Needles
oooo

Burning
xxxx

Aching

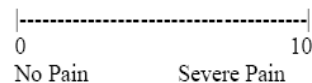
Stabbing
/////

Pain
++++

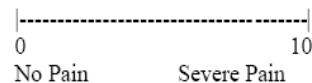


On a scale of zero to ten, I rate my pain as follows:

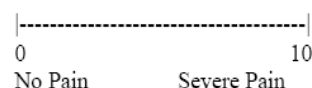
Neck-Shoulder-Arm Pain



Mid-Back Pain



Low Back & Leg Pain



Patient's Signature: _____

Date: _____

Have you seen a chiropractor before? Yes/No

If yes, when was your last visit? _____

& for what complaint? _____