

Describe chiropractic problems:

How long have you had this condition? _____ Is it getting worse? Yes No

Does it bother your (check appropriate box): Work Sleep Other (please specify): _____

What seemed to be the initial cause: _____

Have you seen a Chiropractor before? Yes No If yes, how long ago? _____ Doctor's name? _____

For what reason? _____

Are you under the care of a physician? Yes No If yes, for what reason? _____ Doctor's name: _____

Have you had any mental or emotional disorders? Yes No If yes, when? _____

Indicate the medication you take? Birth control pills Tranquilizers Pain Killers Other

Do you wear: heel lifts sole lifts inner soles area supports negative heels platform shoes

What is the age of your mattress? Is it comfortable? uncomfortable? Do you use a bedboard? Yes No

How is most of your day spent? standing sitting walking Other(specify): _____

Have you ever: Yes No If yes, briefly explain.

- had a broken bone?

- been hospitalized?

- had strains or sprain?

- used a cane, crutch or other support?

- been struck unconscious?

- been hospitalized for other than surgery?

Do you:

- take minerals, herbs or vitamins?

- think you need minerals, herbs or vitamins?

- have any drug allergy?

When did you last have: Never 0-6 mos. 6-18 mos. longer

- spinal x-ray?

- spinal examination?

- physical examination?

Habits

Alcohol ___ per (day/wk) wine beer hard

Coffee none 1-2 3-4 5+ cups per day

Tobacco none 1/2 1 2 3+ packs/day

Drugs Type: _____ Freq: _____

Exercise none light moderate heavy

Sleep poor fair good great

Appetite poor fair good great

Soft drinks Freq: _____

Salty foods none light moderate heavy

Water none light moderate heavy

Sugar none light moderate heavy

Artificial Sweeteners none light moderate heavy

Please list any other health conditions you have been treated for, or surgery you have had in the last ten years.

Family Health History

Some health conditions are the result of hereditary spinal weakness. Information about your immediate family members, brothers, sisters, parents, and grandparents will give us a better understanding of your total health picture.

Relative	PRESENT AND PAST HEALTH PROBLEMS

