

Chiropractic

*Disease is a lack
of normal functions.*

*Chiropractors find subluxations
which cause abnormal function.*

HISTORY OF PRESENT AND PAST ILLNESS:

1. Chief Complaint: Purpose of this appointment: _____

2. Date symptoms appeared or accident happened: _____

3. Is this due to: Auto ___ Work ___ Other _____
4. Have you ever had the same or a similar condition? ___ Yes ___ No If yes, when and describe: _____

5. Days lost from work: _____ Date of last physical examination: _____
6. Do you have a history of stroke or hypertension? _____
7. Have you had any major illnesses, injuries, falls, or surgeries? Women, please include information about childbirth (include dates): _____

8. Have you been in an auto accident: ___ past year ___ past five years ___ over five years ___ Never
9. Have you been treated for any health condition by a physician in the last year? ___ Yes ___ No
If yes, describe: _____
10. Do you have any allergies of any kind? ___ Yes ___ No If yes, describe: _____

11. Do you have any Congenital Condition? ___ Yes ___ No If YES, Describe _____

12. Are you wearing: ___ heel lifts ___ sole lifts ___ inner soles ___ arch supports
13. Current Medications: _____

14. Current over the counter Medications: _____

15. Current Herbs/Supplements: _____

16. **WOMEN:** Are you currently pregnant? Yes / No / Maybe

