GENERAL HEALTH HISTORY

□ Headaches □ Urinary Problems □ Migraines □ Easy Bruising □ Shortness of Breath □ Tobacco Use □ Allergies / Asthma □ Dental Problems □ Medication Side Effects □ Blood Thinner use □ Hands or Feet cold □ HIV Positive □ Muscle aches □ Cancer □ Trouble Walking □ Depression □ Leg / Foot Numbness □ Alcohol Use □ Fainting □ High orLow Blood Press □ Gall Bladder Trouble □ Stroke History □ Ringing in Ears □ High Cholesterol □ Ear Problems □ TMJ □ Sleeping Problems □ Digestive Problems □ Vision Problems □ Digestive Problems □ Vision Problems □ Pain all Over □ Thyroid Problems □ Pain all Over □ Thyroid Problems □ Heart Pacemaker □ Light Bothers Eyes □ Heart Problems □ Other	ast l	Prese	ent	Past	Past Present		
Shortness of Breath)		Headaches				
Allergies / Asthma			Migraines			Easy Bruising	
Medication Side Effects			Shortness of Breath			-	
□ Diabetes □ Blood Thinner use □ Hands or Feet cold □ HIV Positive □ Muscle aches □ Cancer □ Trouble Walking □ Depression □ Leg / Foot Numbness □ Alcohol Use □ Fainting □ High orLow Blood Press □ Gall Bladder Trouble □ Stroke History □ Ringing in Ears □ High Cholesterol □ Ear Problems □ Digestive Problems □ Vision Problems □ Digestive Problems □ Vision Problems □ Pain all Over □ Thyroid Problems □ Tension / Irritability □ Liver Disease □ Chest Pains □ Kidney Problems □ Heart Pacemaker □ Light Bothers Eyes □ Heart Problems □ Other			Allergies / Asthma			Dental Problems	
Hands or Feet cold HIV Positive Cancer Depression Depression Alcohol Use High orLow Blood Press Low Blood Press Low Blood Press Depression Alcohol Use High orLow Blood Press Depression Alcohol Use High orLow Blood Press Depression Depression Depression Alcohol Use Depression Depr	i		Medication Side Effects			Fibromyalgia	
Muscle aches	1		Diabetes			Blood Thinner use	
Trouble Walking	1		Hands or Feet cold			HIV Positive	
Leg / Foot Numbness	1		Muscle aches			Cancer	
Gall Bladder Trouble Gall Blader Trouble Gall Bladder Trouble Gall Bladder Trouble Gall Blader Trouble Gall Bladder Trouble Gall Bladder Trouble Gall Bladde)		Trouble Walking			Depression	
Gall Bladder Trouble Ringing in Ears R)		Leg / Foot Numbness			Alcohol Use	
Ringing in Ears	1		Fainting			High orLow Blood Pressure	
□ Ear Problems □ □ TMJ □ Sleeping Problems □ □ Digestive Problems □ Vision Problems □ □ Pain all Over □ □ Thyroid Problems □ □ Tension / Irritability □ □ Liver Disease □ □ Chest Pains □ □ Kidney Problems □ □ Heart Pacemaker □ □ Light Bothers Eyes □ □ Heart Problems	ב		Gall Bladder Trouble			Stroke History	
Sleeping Problems Vision Problems Thyroid Problems Liver Disease Kidney Problems Light Bothers Eyes Other List any medications you are taking: Pain all Over Chest Pains Heart Pacemaker Heart Problems Chest Pains Heart Problems)		Ringing in Ears			High Cholesterol	
Usion Problems Usion	1		Ear Problems			TMJ	
Tension / Irritability Liver Disease Chest Pains Chest]		Sleeping Problems			Digestive Problems	
Liver Disease Kidney Problems Light Bothers Eyes Other List any medications you are taking: Please list all doctors you are currently seeing:	1		Vision Problems			Pain all Over	
Kidney Problems	1		Thyroid Problems			Tension / Irritability	
Light Bothers Eyes Other List any medications you are taking: Please list all doctors you are currently seeing:	1		Liver Disease			Chest Pains	
List any medications you are taking: Please list all doctors you are currently seeing:	1		Kidney Problems			Heart Pacemaker	
. List any medications you are taking:	1		Light Bothers Eyes			Heart Problems	
List any medications you are taking:)		Other				
· · · · · · · · · · · · · · · · · · ·	. List	any r	medications you are taking:				
3. Has any Doctor or other professional advised you to "Go to a Chiropractor ": □ No □ Yes, Name	. Plea	se lis	st all doctors you are currently seeing:_				
. Has any Doctor of other professional advised you to Go to a Chillopiactor . In No In Fes, Name		onv/	Destar or other professional advised ve	u to "Co to o Chiroprostor "	N	o D Voc Nome	
	паъ	ally	Doctor of other professional advised you	u to Go to a Chillopractor	. 🗆 🛚	o d Tes, Name	
	'AS	T ł	HISTORY				
PAST HISTORY							

List any past auto collisions:	Was any care received?
5. List any past work injuries:	Was any care received?
6. List any past sport, recreational, or home injuries	
7. Please describe any past conditions and treatment received:	
8. Please list any past hospitalizations and surgeries:	

FAMILY HISTORY

Father's side: Heart Disease	□ Cancer	□ Diabetes	□ Heavy Medication use	□ Arthritis	□ Other				
Mother's side: □ Heart Disease	□ Cancer	□ Diabetes	□ Heavy Medication use	□ Arthritis	□ Other				
Is there any other family history you want us to know about?									