Patient Medical History

Name_____Date:_____

Date of Birth:_____

Reason for your visit today:_____

Past Surgeries:

Appendix	Hernia Repair	Shoulder
Ear Tubes	Knee	Tonsils
Gall Bladder	Lumbar Back	Hysterectomy
Heart	Neck C-Spine	Pelvic

Other:_____

_____

_____

Drug Allergies, including reaction:_____

_____

Circle any illness or condition you have or had in the past:

ADD	Diabetes Type 2	Irritable Bowel
Abnormal Pap Smear	Diabetes, gestational	Kidney Stones
Alcoholism	Diverticular disease	Migraine
Allergies	Eczema	Obesity
Anemia	Endometriosis	Osteoporosis
Anxiety	Erectile Dysfunction	Osteopenia
Asthma	Fibromyalgia	Postmenopausal
Back pain, chronic	Genital Herpes	Prostate Enlargement
Breast problems	Glaucoma	Reflux
Cancer	Heart Problems	Rheumatoid arthritis
Colon polyp	Hemorrhoids	Seizures
Depression (current)	High Blood Pressure	Sleep Apnea
Depression (past)	High Cholesterol	Stroke
Diabetes Type 1	High Blood sugars	Thyroid Problem
Other:_____		

List all Medications used in the last month:

_____

_____

_____

List all Over the Counter Medications, Vitamins, Herbs used in the last month:

_____

_____

Family History:

(Please include any medical illnesses and cause of death)

Father:_____

Mother:_____

Brothers:_____

Sisters:_____

Children:_____

Social History:

Occupation:_____

Marital Status:_____

Children:_____

Tobacco (chew or smoke):_____

Alcohol (amount per week):_____

Illicit Drugs (type):_____

Concerns:

Check all that apply

(If you do not feel comfortable writing down the exact concern, please write "private issue")

_____

__weight change
__poor sleep
__poor motivation
__eye problems
__allergies
__shortness of breath
__chest pain
__stomach
__blood in stools
__frequent belly pain
__hormone problems
__frequent infections
__numbness
__problems walking
__chiropractic care
__appetite change
__night awakening
__depressed mood
__mouth problems
__wheezing
__steroid use
__fast heart rate
__nausea/vomiting
__constipation
__lactose intolerance
__poor sex drive
__skin problems
__weakness
__headache
__back pain
__fatigue
__sleep apnea
__irritability
__nose problems
__cough
__inhaler use
__heart burn
__diarrhea
__food allergies
__change in bowels
__loss of urine
__tingling
__nerve damage
__joint pain