

Health First Chiropractic
Health History

Name: _____ File #: _____

Description of primary health concern(s):

When (# of months or years) did you first start experiencing this issue? _____

Why did this begin? _____

You experience this issue: Constantly Daily Weekly Monthly Irregularly (explain) _____

When present, how long does it last? (give a number or range) Hours _____ Days _____ Vary(explain) _____

What area is involved: _____

Please describe as: Ache Stiff Tight Spasm Sharp Numbness other(list)

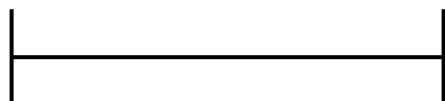
When you have this issue, the discomfort/pain involved:
 is localized
 originates from another location (where) _____
 travels to another location (where) _____

Are there things that make the condition:
Better: _____
Worse: _____

On the scales below, please draw vertical lines (intersecting the horizontal lines) that represent the level of discomfort you have at the specified times:

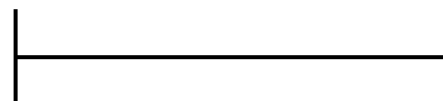
Rate the pain you have right now:

No Pain Unbearable Pain



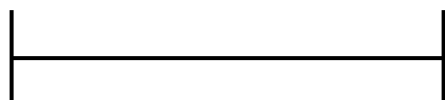
Rate your pain at it's best in the past week:

No Pain Unbearable Pain



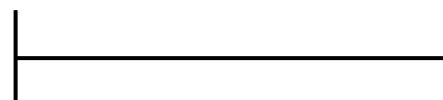
Rate your average pain in the past week:

No Pain Unbearable Pain



Rate your worst pain in the past week:

No Pain Unbearable Pain



Health First Chiropractic

Reasons for Consulting a Chiropractor

- Pain/Discomfort
- Performance
- Posture
- Prevention
- Mobility
- Energy
- Motor vehicle accident
- Work-related injury
- Other _____

Review of Systems

-Check all that apply-

Sight

- Hyperopia (farsighted)
- Myopia (nearsighted)
- Blurred vision or presbyopia

Touch & Sensations

- Numbness
- Dizziness
- No sensation in a limb
- Tremors

Digestive System

- Bloating/gas
- Diarrhea
- Constipation
- Rapid weight gain
- Rapid weight loss
- Heartburn
- Ulcers

Cardiovascular System

- Low blood pressure
- High blood pressure
- Chest pain
- Fainting
- Swollen limbs
- Short breath
- Varicose veins

Hearing

- Tinnitus/ringing in ears
- Deafness (one ear or both)

Respiratory System

- Allergies
- Asthma
- Frequent colds
- Sinusitis
- Frequent coughing

Endocrine System

- Diabetes
- Hypoglycemia
- Thyroid problems
- Other _____

Skin

- Itching
- Rash/redness
- Cold hands/feet
- Nose bleeding

Musculo-Skeletal System

- Headaches
- Migraines
- Arm pain
- Leg pain
- Neck pain
- Mid-back pain
- Low-back pain
- Hand pain
- Foot pain

Reproductive System (Men)

- Testicular pain
- Erectile dysfunction
- Prostate problems

Reproductive System (Women)

- Abundant menses
- Menstrual pain
- Pre-Menopause symptoms

Urinary System

- Kidney Stones
- Frequent urge to urinate

Wellness

- Depression
- Fatigue
- Insomnia
- Irritability

Childhood Diseases

- Pertussis
- Measles
- Mumps
- Scarlet Fever
- Chickenpox

Infectious Diseases

- Cholera
- Yellow fever
- Typhoid fever
- AIDS/HIV
- Tuberculosis

Psychological Imbalances

- Alcoholism
- Anorexia/Bulimia
- Drug dependence
- Psychiatric care
- Suicide attempt

Blood Abnormalities

- High cholesterol
- Anemia

Cancer

- Intestinal
- Ovarian
- Prostate
- Skin
- Lung
- Breast
- Uterine

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Health Care Practitioners

Have you consulted these health professionals?

-Check your best answer-

- | | | | |
|------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------|
| 1. Chiropractor: | <input type="checkbox"/> Never consulted
<input type="checkbox"/> 1 year ago or less | <input type="checkbox"/> More than 5 years ago | <input type="checkbox"/> Between 1 & 5 years ago |
| 2. Medical Physician: | <input type="checkbox"/> Never consulted
<input type="checkbox"/> 1 year ago or less | <input type="checkbox"/> More than 5 years ago | <input type="checkbox"/> Between 1 & 5 years ago |
| 3. Medical Specialist: | <input type="checkbox"/> Never consulted
<input type="checkbox"/> 1 year ago or less | <input type="checkbox"/> More than 5 years ago | <input type="checkbox"/> Between 1 & 5 years ago |
| 4. Dentist: | <input type="checkbox"/> Never consulted
<input type="checkbox"/> 1 year ago or less | <input type="checkbox"/> More than 5 years ago | <input type="checkbox"/> Between 1 & 5 years ago |
| 5. Dental Specialist: | <input type="checkbox"/> Never consulted
<input type="checkbox"/> 1 year ago or less | <input type="checkbox"/> More than 5 years ago | <input type="checkbox"/> Between 1 & 5 years ago |
| 6. Physical Therapist: | <input type="checkbox"/> Never consulted
<input type="checkbox"/> 1 year ago or less | <input type="checkbox"/> More than 5 years ago | <input type="checkbox"/> Between 1 & 5 years ago |
| 7. Naturopath: | <input type="checkbox"/> Never consulted
<input type="checkbox"/> 1 year ago or less | <input type="checkbox"/> More than 5 years ago | <input type="checkbox"/> Between 1 & 5 years ago |
| 8. Osteopath: | <input type="checkbox"/> Never consulted
<input type="checkbox"/> 1 year ago or less | <input type="checkbox"/> More than 5 years ago | <input type="checkbox"/> Between 1 & 5 years ago |
| 9. Acupuncturist: | <input type="checkbox"/> Never consulted
<input type="checkbox"/> 1 year ago or less | <input type="checkbox"/> More than 5 years ago | <input type="checkbox"/> Between 1 & 5 years ago |
| 10. Homeopath: | <input type="checkbox"/> Never consulted
<input type="checkbox"/> 1 year ago or less | <input type="checkbox"/> More than 5 years ago | <input type="checkbox"/> Between 1 & 5 years |
| 11. Traditional Chinese
Practitioner: | <input type="checkbox"/> Never consulted
<input type="checkbox"/> 1 year ago or less | <input type="checkbox"/> More than 5 years ago | <input type="checkbox"/> Between 1 & 5 years ago |
| 12. Podiatrist: | <input type="checkbox"/> Never consulted
<input type="checkbox"/> 1 year ago or less | <input type="checkbox"/> More than 5 years ago | <input type="checkbox"/> Between 1 & 5 years ago |
| 13. Massage
Therapist: | <input type="checkbox"/> Never consulted
<input type="checkbox"/> 1 year ago or less | <input type="checkbox"/> More than 5 years ago | <input type="checkbox"/> Between 1 & 5 years ago |
| 14. Energy
Therapist: | <input type="checkbox"/> Never consulted
<input type="checkbox"/> 1 year ago or less | <input type="checkbox"/> More than 5 years ago | <input type="checkbox"/> Between 1 & 5 years ago |