

Confidential Patient Case History

Dear Patient: Please complete this questionnaire. Your answers will help us determine if chiropractic can help you. If we do not sincerely believe your condition will respond satisfactorily, we will not accept your case. THANK YOU.

Name _____ Date _____

Please check the appropriate box for any of the following symptoms which you now have or have had previously. We want all the facts about your health before we accept your case. THIS IS A CONFIDENTIAL HEALTH REPORT.

O – OCCASIONAL

F – FREQUENT

C – CONSTANT

O F C

GENERAL

- Allergy
 Chills
 Convulsions
 Dizziness
 Fainting
 Fatigue
 Fever
 Headache
 Loss of sleep
 Loss of weight
 Nervousness/depression
 Neuralgia
 Numbness
 Sweats
 Tremors

MUSCLE & JOINT

- Arthritis
 Bursitis
 Foot trouble
 Hernia
 Low back pain
 Lumbago
 Neck pain or stiffness
 Pain between shoulders
 Pain or numbness in:
 Shoulders
 Arms
 Elbows
 Hands
 Hips
 Legs
 Knees
 Feet
 Painful tail bone
 Poor posture
 Sciatica
 Spinal Curvature
 Swollen joints

O F C

GASTRO-INTESTINAL

- Belching or gas
 Colitis
 Colon trouble
 Constipation
 Diarrhea
 Difficult digestion
 Distension of abdomen
 Excessive hunger
 Gall bladder trouble
 Hemorrhoids
 Intestinal worms
 Jaundice
 Liver trouble
 Nausea
 Pain over stomach
 Poor appetite
 Vomiting
 Vomiting of blood

EYES, EARS, NOSE & THROAT

- Asthma
 Colds
 Crossed eyes
 Deafness
 Dental Decay
 Earache
 Ear discharge
 Ear noises
 Enlarged glands
 Enlarged thyroid
 Eye pain
 Failing vision
 Far sightedness
 Gum trouble
 Hay fever
 Hoarseness
 Nasal obstruction
 Near sightedness
 Nosebleeds
 Sinus infection
 Sore throat
 Tonsillitis

O F C

CARDIO-VASCULAR

- Hardening of arteries
 High blood pressure
 Low blood pressure
 Pain over heart
 Poor circulation
 Rapid heart beat
 Slow heart beat
 Swelling of ankles

RESPIRATORY

- Chest pain
 Chronic cough
 Difficult breathing
 Spitting up blood
 Spitting up phlegm
 Wheezing

SKIN

- Boils
 Bruise easily
 Dryness
 Hives or allergy
 Itching
 Skin eruptions (rash)
 Varicose veins

GENITO-URINARY

- Bed-wetting
 Blood in urine
 Frequent urination
 Inability to control kidneys
 Kidney infection or stones
 Painful urination
 Prostate trouble
 Pus in urine

FOR WOMEN ONLY

- Congested breasts
 Cramps or backache
 Excessive menstrual flow
 Hot flashes
 Irregular cycle
 Menopausal symptoms
 Painful menstruation
 Vaginal discharge
 Yes No Are you pregnant?