

PAST HEALTH HISTORY

NAME _____ DATE: _____

Surgeries/Operations _____

Major accidents, falls or head injuries _____

Hospitalizations (other than above) _____

Previous Chiropractic Care ____ YES / NO ____ when was your last visit? _____

Family History – Check all that apply

- Allergies Cancer TB Diabetes Heart Disease Stroke

Current Medical History

Musculo-Skeletal

- Low back pain
- Upper back pain
- Neck pain
- Arm pain
- Leg pain
- Swollen joints
- Painful joints
- Stiff joints
- Sore muscles
- Weak muscles
- Ruptures
- Clicking jaw/TMJ
- Carpal Tunnel

Eyes/Ears/Nose/Throat

- Vision problems
- Dental problems
- Sore throat
- Hearing difficulties
- Stuffy nose
- Nose pain
- Nose bleeding
- Hoarseness
- Mouth sores
- Difficult speech

Gastro-Intestinal

- Poor appetite
- Excessive hunger
- Difficult chewing
- Difficult swallowing
- Excessive thirst
- Nausea
- Vomiting food/blood
- Abdominal pain
- Diarrhea
- Constipation
- Black Stool
- Hemorrhoids
- Gall bladder problems

Nervous System

- Numbness
- Paralysis
- Dizziness
- Forgetfulness
- Headaches
- Muscle jerking
- Fainting
- Convulsions
- Confusion
- Depression
- Herpes

Genito-Urinary

- Bladder trouble
- Excessive/Scanty urine
- Incontinence
- Painful Urination
- Discolored urine

Male / Female

- Vaginal pain
- Vaginal infection
- Menses irregularity
- Cramping w/menses
- Breast pain/lumps
- Prostate enlarged
- Sexual dysfunction

Cardio-Lymph-Respiratory

- Varicose veins
- Ankle swelling
- Heart problems
- Chest pain
- Shortness of breath
- Persistent cough
- Coughing phlegm
- Coughing blood
- Rapid heartbeat
- Blood pressure problems

Altair Chiropractic, LLC