

Medical History

This information is essential for the diagnostic procedure and helps us to provide you with a better treatment, so please fill out as accurately as you can. Thank you.

Name: _____ Age: _____ Date of Birth: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ Social Security # _____

Phone: _____ Alternate Phone: _____ Email Address: _____

*May we send text messages at either of these numbers? (Yes/No) Please circle the best number to text you at.

Emergency Contact: Name _____ Phone _____

Male/Female Marital Status: _____ Height: _____ Weight: _____

Is today's visit related to an auto accident or worker's related injury? Yes _____ No _____

Describe your main complaint: _____

Do you have any medical diagnoses? _____

Were there any problems during your birth? _____

Have you had any reactions to vaccines? _____

Have you had any unusual vaccines? _____

From ages of **0-12** did you have any surgeries, accidents, or major illnesses? Please describe:

Age: _____

Age: _____

Age: _____

From ages of **12-18** did you have any surgeries, accidents, or major illnesses? Please describe:

Age: _____

Age: _____

Age: _____

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From ages **19-current** have you had any surgeries, accidents, or major illnesses? Please describe:

Age: _____

Age: _____

Age: _____

Please list all major illnesses in your **immediate family** such as heart disease, diabetes, neurological disorders, psychological disorders/addictions, arthritis, etc.

Please list any medications, herbs, and/or vitamins/minerals. List even the things you only take occasionally:

Please list location of any operation or injury scars, even minor ones:

Symptoms List

*Please **CIRCLE** any issues you have *now*, and **UNDERLINE** any issues you have had in the past.

Skin: eczema, acne, skin rashes, dermatitis, furuncles, fungal infections, warts, psoriasis, other:

Other skin issues: _____

Heart/Vascular: fast pulse, slow pulse, palpitation, irregular pulse, feeling of pressure in chest or short of breath, chest pain, dizziness, migraine, headache with nausea, cold hands/feet, Raynaud's disease, flushed face, anemia, high blood pressure, low blood pressure, cold sweats, red face, dizziness or fainting upon standing quickly or standing for long,

Other vascular issues: _____

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Gastrointestinal: constipation, diarrhea, no appetite, stomach pain, indigestion, heartburn, intestinal gas, belching, ulcer, gastritis, lack of stomach acid, hemorrhoids, ileocecal valve spasm, peritonitis, pancreatitis, irritable bowel, polyps, GI tumors, other:

Other gastrointestinal issues: _____

Respiratory: asthma, bronchitis, emphysema, cough, wheeze, pneumonia, lung abscess,

Other Respiratory issues: _____

Hormonal Imbalance: low thyroid, overactive thyroid, diabetes, hypoglycemia, blood sugar issues,

Other hormonal issues: _____

Male: impotence, premature ejaculations, prostate gland problem, vasectomy, infertility

Other: _____

Female: menstrual problems, cramping, heavy/light/irregular periods, PMS, emotional reactions, menopausal symptoms, tubal ligation, infertility, low libido

Other: _____

Autoimmune and inflammatory conditions: Hashimoto's disease, rheumatism, lupus, colitis, Crohn's disease, alopecia, allergy, food allergy, atopic dermatitis, cellulitis, sinus allergy, vulvitis, low immunity, rheumatic disease, rheumatic fever, arthritis, skin disease, myofascial pain syndrome, fibromyalgia, tendinitis, pericarditis, constant low fever, glomerulonephritis, plantar fasciitis, scarlet fever, Rocky Mountain Spotted Fever, Lyme's Disease, streptococci infections, staphylococci infections, easily catch cold or sore throat, swollen glands, ear infections.

Other immunity or inflammation issues: _____

Ear, Nose, Throat: deafness, tinnitus (ringing of ears), itchy ear, ear pain, frequent ear infections, sinus headaches, yellow mucus, stuffy nose, post nasal drip, dry throat, itchy throat, constant sinus congestion, streptococci infections, sore throat.

Other ENT issues: _____

Oral disease: bleeding gums, periodontitis, dental abscess, mumps, TMJ, toothaches without cavities, stomatitis (inflammation of mouth)

Other oral issues: _____

General: insomnia, psychosomatic weakness, exhaustion, emotional problems (angry, irritable, depressed, anxious), difficulty concentrating on a task, easily get motion sickness, no appetite for breakfast, moody in the mornings, unusual sweating (palms, feet, or elsewhere)

Before Noon: no energy, feel spacey, scattered mind, energetic all evening through midnight but hate to wake in the morning, long shower or bath makes you feel dizzy or faint.

Drugs: alcohol, cigarettes, cocaine, marijuana, methamphetamine, other: _____