

HEALTH HISTORY

PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ Postal Code: _____

Age: _____ Birth date: (M) (D) (Y)

Workplace: _____ Office #: _____ Occupation: _____

Referred by: _____

Single Widowed Married (SPOUSE'S NAME): _____ Common Law/Partner(NAME): _____

Children's names & ages: _____

PREVIOUS TRAUMAS

MOTORIZED VEHICLE ACCIDENTS

Year: _____ Injuries: _____

Year: _____ Injuries: _____

Year: _____ Injuries: _____

High Speed Collisions >40km/h? Vehicles unreparable?

Whiplash injury? Un-belted accident?

SPORTS & RECREATION:

Sports injuries: _____

Participation in High Impact Activities:

Hockey Wrestling Basketball

Running Mountain bike Climbing

Football Gymnastics _____

FALLS

Falls from heights _____

Falls down stairs _____

Other falls _____

Broken bones _____

Childhood falls _____

Falls from:

Trees Roof Play structure Bicycle

OCCUPATIONAL STRESSES

Occupation _____

Tasks _____

Work injuries _____

Home injuries _____

My job requires:

Heavy Lifting Awkward positions

Repetitive stresses Sitting long periods

POSTURES & HABITS

Sitting >6 hours/day Stomach sleeper

Head forward posture

BIRTH TRAUMA was your delivery

Difficult Forceps C-section

Epidural Suction Resuscitation

BODY SIGNALS

WHAT ARE YOUR PRESENT HEALTH CONCERNS?

How long have you had this condition?

Have you had a similar condition in the past?

What activities aggravate your condition?

What relieves your condition?

Are you getting pain or numbness in your arms or legs?

Is your condition getting progressively worse?

Yes No It's constant It comes and goes

Pains are: Sharp Dull Burning

Tightness Throbbing

Pain severity (mark on the line, 0 no pain; 10 most severe)

010

How is this condition interfering with your life?

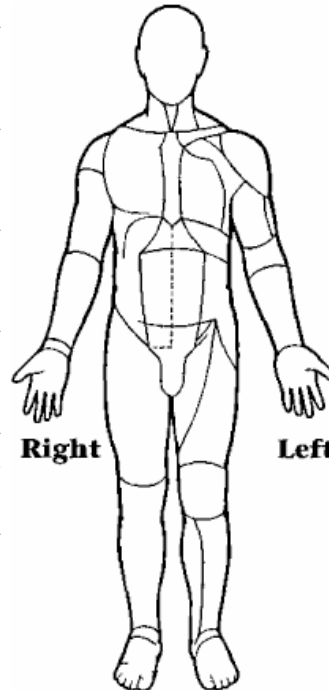
Work Daily Routine _____

Other doctors who treated this condition:

MEDICATIONS _____

SURGERIES _____

MARK WITH AN X ON THE DIAGRAM ANY PAST OR PRESENT PAIN OR PROBLEMS AND CHECK THE APPROPRIATE CIRCLE BELOW:



Headaches Facial pain

Vision problems Hearing problems

Shoulder: Pain / Numbness / Tingling (circle)

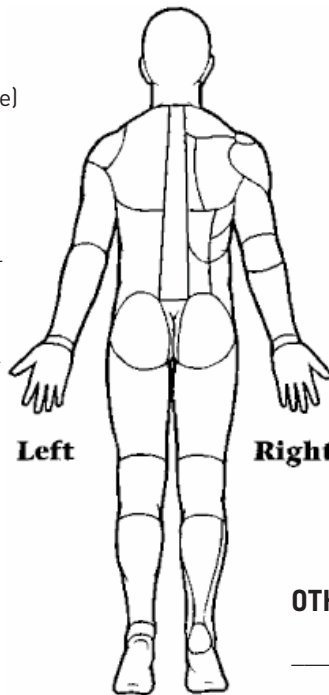
Arm: Pain / Numbness / Tingling (circle)

Hand: Pain / Numbness / Tingling (circle)

Hip: Pain / Numbness / Tingling (circle)

Knee: Pain / Numbness / Tingling (circle)

Foot: Pain / Numbness / Tingling (circle)



Neck Pain

Upper Back Pain

Middle Back Pain

Low Back Pain

Sacroiliac Pain

OTHER HEALTH PROBLEMS?

BODY SYSTEM SIGNALS

PLEASE CHECK ANY OF THE FOLLOWING SIGNS OF ORGAN MALFUNCTION OR DIS-EASE YOU HAVE EXPERIENCED:

- Blurred /failing vision
- Deafness /ringing in ears
- Earaches
- Sore throat /tonsillitis
- Thyroid problems
- Sinus problems

Cardiovascular system

- Chest Pain
- Shortness of Breath
- Heart Medication
- High Blood Pressure Medication
- High Cholesterol Medication
- Swelling of Legs

Respiratory system

- Frequent bronchitis
- History of pneumonia
- Chronic cough
- Spitting up phlegm /blood
- Difficulty breathing
- Tuberculosis
- Pneumonia

Digestive system

- Heartburn / indigestion
- Stomach Cramps
- Constipation /diarrhea
- Food Allergy
- Irritable Bowel Syndrome
- Crohn's Disease
- Ulcers
- Belching /gas
- Nausea or vomiting
- Liver /gall bladder trouble
- Colon trouble
- Black /bloody stool

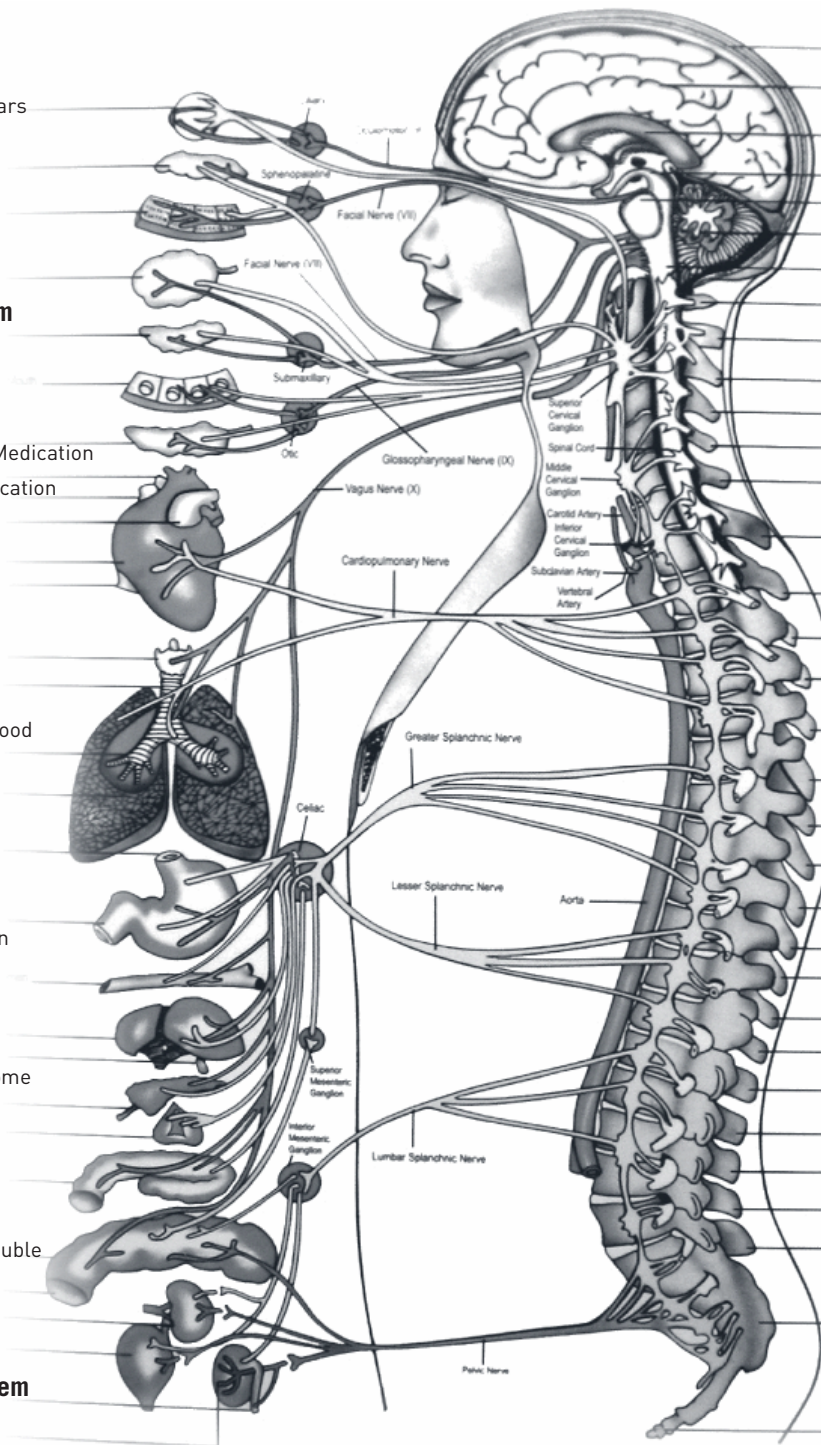
Musculoskeletal system

- Painful Joints
- Painful Muscles
- Tendinitis
- Bursitis
- Arthritis

Females Only

- Painful menstruation
- Cramps or backaches
- Passed menopause
- Currently pregnant? Y N

- Excessive /irregular flow
- Abnormal discharge
- Miscarriages # _____
- Date of last menstrual period: _____



General Symptoms

- Fever / chills / sweats
- Frequent colds
- Fainting / dizziness
- Seizures / convulsions
- Headaches /migraine
- Neck pain /stiffness
- Tension across shoulders, L R
- Mid-back pain /stiffness
- Numbness /tingling: hands /arms

General Symptoms

- Skin problems
- Tremors
- Loss of balance
- Unexplained weight loss/gain
- Anemia
- Alcoholism
- HIV/AIDS
- Loss of sleep
- Poor memory /concentration
- Learning disability
- Irritable /nervous /tension
- Depression /emotional problems
- Decreased energy / fatigue
- Tired /lethargic
- Autoimmune Disease
- Antibiotic Use
- Cancer: _____
- Allergies / Asthma
- Scoliosis / spinal curvature
- Low back pain / stiffness
- Faulty posture
- Painful tailbone
- Foot trouble, L R