Pt #_____

CONFIDENTIAL HEALTH HISTORY

Date_____

LAST NAME _____ FIRST _____ MIDDLE INITIAL _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE_____

HOME PHONE _____ CELL/PGR _____ E-MAIL_____

EMPLOYER _____ WORK PHONE _____ EXT. _____

OCCUPATION_____ BIRTHDATE_____ SEX _____ AGE _____

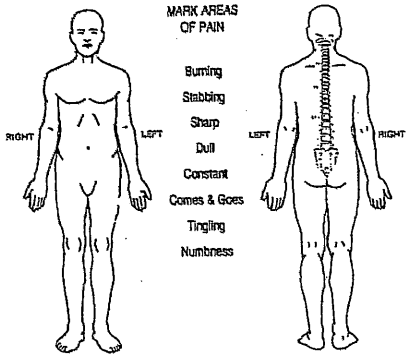
SPOUSE'S NAME _____ EMPLOYER_____

WHO REFERRED YOU TO OUR OFFICE?_____

HAVE YOU OR ANY RELATIVE RECEIVED CHIROPRACTIC TREATMENT PREVIOUSLY? _____

HAVE YOU BEEN TREATED FOR ANY HEALTH CONDITION BY A PHYSICIAN IN THE LAST YEAR? _____

Please mark areas of pain or injury on the illustrations below and give a word description of the symptoms you are experiencing in those areas.



PLEASE MARK YOUR AREAS OF CONCERN:

musculo-skeletal system
- ____ low back
- ____ muscle jerking
- ____ pain btwn shoulders
- ____ neck problems
- ____ arm problems
- ____ leg problems
- ____ painful joints
- ____ sore/weak muscles
- ____ broken bones

genito-urinary system
- ____ bladder trouble
- ____ excessive urination
- ____ painful urination

gastro-intestinal system
- ____ poor appetite
- ____ excess hunger
- ____ nausea
- ____ vomit (blood)
- ____ excessive thirst
- ____ difficult swallowing
- ____ abdominal pain
- ____ diarrhea/constipation
- ____ black/bloody stools
- ____ liver trouble
- ____ weight loss/gain

nervous system
- ____ numbness
- ____ paralysis
- ____ dizziness
- ____ fainting
- ____ headaches
- ____ convulsions
- ____ forgetfulness
- ____ confusion
- ____ depression

cardio-vascular system
- ____ chest pain
- ____ difficult breathing
- ____ persistent cough
- ____ cough blood
- ____ irregular heartbeat
- ____ high bloodpressure
- ____ lung problems
- ____ varicose veins
- ____ high cholesterol

eye, ear, nose, throat
- ____ blurred vision
- ____ ear aches
- ____ nose bleeding
- ____ dental problems
- ____ sore throat
- ____ difficult speech

female system
- ____ vaginal pain/bleeding
- ____ breast pain/lumps

In case of emergency please notify_____
address_____
phone_____

I UNDERSTAND ALL TREATMENTS, XRAYS AND EXAMINATIONS ARE TO BE PAID FOR AS THEY ARE RECEIVED OR A DEFINITE FINANCIAL ARRANGEMENT MADE IN ADVANCE

_____ _____

SIGNATURE DATE