

Personal History

Name _____ ID/SSN _____ Date _____

Address _____ City _____

State _____ Zip _____ Phone (H) _____ (W) _____

Employer _____

Marital Status (circle one) Married Single Divorced Widowed Separated

Birthdate _____ Age _____ Sex _____ Height _____ Weight _____

Main complaint(s) that brought you to this office _____

List other doctors seen for this condition _____

When did this condition begin _____ Due to accident: Yes _____ No _____

Spouse/Parent: _____

Phone (W): _____

Employer: _____

Person to contact in case of emergency: _____

List medications/nutrients now taking an why: List any injuries/operations/pertinent history w/ dates

1. _____ 1. _____ Date _____

2. _____ 2. _____ Date _____

3. _____ 3. _____ Date _____

How were you referred to our office: _____

Who is responsible for your bill besides yourself: (circle one) Insurance Work Comp
Parents Other N/A

Name, address and phone of responsible party checked above: _____

Insurance Group #: _____

Name of person on insurance Supervisor who authorized Workman's Comp.

Below is a list of conditions which may seem unrelated to the purpose of your appointment. However, there are many conditions that respond favorably when treatment is given that increases your body's ability to function correctly. This office specializes in such treatment and if you wish, an individualized program will be suggested. Please check the symptoms you have experienced in either (or both) of the chronic (recurrent symptoms) or acute (symptoms you have now). Leave the question blank if neither acute or chronic symptoms are present.

PAR 1 : Gastrointestinal

Acute Chronic

- Digestive complaints
- Stomach complaints
- Ulcers
- Frequent heartburn
- Nausea
- Frequent diarrhea
- Frequent constipation
- Irritable bowel
- Hemorrhoids
- Frequent vomiting
- Colitis/diverticulitis
- Black or bloody stool
- Gallbladder trouble
- Frequent burping/belching

PAR 2 : Immune Response

Acute Chronic

- Frequently sick
- Frequent swollen glands/sore throats
- Depression and/or anxiety
- Achy joints/muscle pain
- Headaches/migraines
- Recurrent digestive complaints
- Chronic fatigue
- Food allergies
- Eczema or hives
- Allergies (mild / moderate / severe)

PAR 3 : Structural/Neurological

Acute Chronic

- Headaches
- Muscle cramps/muscle spasms
- Neck pain
- Jaw pain
- Dizziness
- Back pain
- Shoulder / elbow / wrist pain (circle one)
- Numbness/Tingling
- Tremors in hands or feet
- Knee pain / Hip pain (circle one)
- Joint pain or loss of function
- Osteoporosis/Osteomalacia

- Current bone fracture or injury
- Tendonitis/Bursitis

PAR 4 : Cardiovascular

Acute Chronic

- Irregular heartbeat
- Heart murmur/palpitations
- High or low blood pressure
- Chest pain
- Previous heart trouble
- Poor circulation
- Previous heart surgery
- Varicose or spider veins
- Hands and feet cold all the time

PAR 5 : Respiratory

Acute Chronic

- Chronic cough
- Asthma
- Emphysema
- Recurrent head colds
- Recurrent sinus infections
- Recurrent bronchitis
- Smoker

PAR 6 : Genito-Urinary

Acute Chronic

- Too frequent urination
- Discolored or foul-smelling urine
- Blood in urine
- Recurrent kidney or bladder infections
- Kidney stones
- Bedwetting
- Inability to control bladder

PAR 7 : Eyes/Ears

Acute Chronic

- Recurrent ear infections
- Eye infection
- Slowly losing vision
- Floaters in eyes
- Glaucoma
- Macular degeneration
- Cataracts
- Diabetic retinopathy

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PAR 8 : For Men Only

Acute Chronic

- _____ _____ Prostate trouble
- _____ _____ Urination problems
- _____ _____ Reproductive problems

PAR 9 : For Women Only

Acute Chronic

- _____ _____ Recurrent urinary tract infections
- _____ _____ Yeast infections
- _____ _____ Vaginal discharge
- _____ _____ Menstrual irregularity
- _____ _____ Cramping
- _____ _____ Mood swings/depression
- _____ _____ Pre-menstrual syndrome
- _____ _____ Infertility
- _____ _____ Frequent miscarriages
- _____ _____ Hot flashes
- _____ _____ Currently taking hormone medication
- _____ _____ Currently taking birth control pills
- _____ _____ Lumps in breast
- _____ _____ Uterine cysts/ovarian cysts
- _____ _____ Bladder leaks too easily
- _____ _____ Endometriosis

PAR 10 : Endocrine (Glandular)

Acute Chronic

- _____ _____ Cold hands and feet
- _____ _____ Low blood pressure
- _____ _____ Weight problems (over or under)
- _____ _____ Thyroid problems
- _____ _____ Diabetes
- _____ _____ Irritable if meals are missed
- _____ _____ Anxiety/nervousness/irritability
- _____ _____ Dizzy upon standing too quickly
- _____ _____ Weak and shaky
- _____ _____ Hyperactive behavior
- _____ _____ Depression
- _____ _____ Very susceptible to infections
- _____ _____ Frequent headaches
- _____ _____ Digestive complaints