Confidential Patient Health Record

Personal History

Name: first _____ middle _____ last _____
Address: _____ City, State, Zip _____
Email: _____
Home Phone: _____ Work Phone: _____ Cell: _____
Business Employer: _____ Type of Work: _____
Social Security Number: _____ DOB: _____ Age: _____
Sex: F M *Circle one*: Single Married Widowed Divorced Separated
Spouses Name: _____
Spouse's SS#: _____ Spouse's DOB: _____
Spouse's Business Employer: _____ Type of Work: _____
Spouse's Business Phone Number: _____ Spouse's Cell: _____
Name & Ages of Children: _____
Name & Number of Emergency Contact: _____ Relationship: _____
Who referred you to our office? _____

Current Health Conditions

Purpose of this appointment: _____
Have you seen other doctors for this condition? ☐ yes ☐ no Who? _____
Type of treatment: _____ Results: _____
When did this condition begin? _____ Has this condition occurred before? _____
Is this condition: ☐ job related ☐ auto accident ☐ home injury ☐ fall ☐ other: _____
Date of accident: _____ Time of accident: _____
Have you made a report to your accident to your employer? ☐ yes ☐ no
Drugs you now take: ☐nerve pills ☐pain killers/muscle relaxers ☐blood pressure medicine
☐insulin ☐other:_____
Do you wear a shoe lift? ☐ yes ☐ no
Do you suffer from any condition other than the one you are consulting us about today? _____
_____

Past Health History

Major surgery/operations: ☐ Appendectomy ☐ Tonsillectomy ☐ Gall Bladder ☐ Hernia
☐ Back Surgery ☐ Broken Bones ☐ Other _____
Major accidents/falls: _____
_____
Hospitalization (other than above): _____
_____
Previous Chiropractic Care: ☐ None ☐ Doctor's name and date of last visit: _____

Check any of the following diseases you have had:

☐Pneumonia	☐Pleurisy	☐Polio	☐Rheumatic Fever	☐Tuberculosis
☐Small Pox	☐Chicken Pox	☐Mumps	☐Measles	☐Whooping Cough
☐Arthritis	☐Eczema	☐Diabetes	☐Epilepsy	☐Cancer
☐Anemia	☐Mental Disorders	☐Lumbago	☐Heart Disease	☐Thyroid
☐Influenza				

Family History

The following have the same or similar problem as I do:
☐Mother ☐Father ☐Brother ☐Sister ☐Spouse Child