

GENERAL HEALTH HISTORY

Is there any other family history you want us to know?_

4583 Watkins St., Pace, FL 32571

Migraines Basy Bruising Capse Ca		nt Nan	ne	<i>Widi</i> N UIE (JUI IUIU	ions that apply to you.
Migraines Easy Bruising Tobacco Use Tobacco Use Tobacco Use Dental Problems Pibromyalgia Pibr	Past					
Shortness of Breath			Headaches			•
Allergies / Asthma			•			-
Medication Side Effects Fibromyalgia Diabetes Blood Thinner use Blood Thinner use Hands or Feet cold HIV Positive Muscle aches Cancer Depression Leg / Foot Numbness Alcohol Use Fainting High or _ Low Blood Pressure Strainting High or _ Low Blood Pressure Strainting High Cholesterol Ear Problems Diagetive Problems Diagetiv						
Diabetes Blood Thinner use Hands or Feet cold HIV Positive Cancer Cancer Depression Leg / Foot Numbness Alcohol Use High or _Low Blood Pressure Gall Bladder Trouble High or _Low Blood Pressure Stroke History High Cholesterol High Cholesterol TMJ Sleeping Problems Digestive Problems Digestive Problems Digestive Problems Digestive Problems Liver Disease Chest Pains Heart Problems Heart Problems Heart Problems Digestive Problems Light Bothers Eyes Heart Problems Heart Problems Heart Problems Light Bothers Eyes Light Bothers Eyes Heart Problems Light Bothers Eyes Light Bothers Eyes Heart Problems Was any care received? PAST HISTORY 4. List any past auto collisions: Was any care received? Was any care rec			_			
Hands or Feet cold HIV Positive Cancer Cancer Depression D						
Muscle aches Cancer Depression Alcohol Use Depression						
Trouble Walking						HIV Positive
Leg / Foot Numbness						
Fainting			•			•
Gall Bladder Trouble Stroke History High Cholesterol High Cholesterol High Cholesterol TMJ Digestive Problems Digestive P						
Ringing in Ears			•			_
Ear Problems						•
Sleeping Problems				_		_
Vision Problems Pain all Over Tension / Irritability Chest Pains Chest Pains Heart Pacemaker Heart Problems H				_	_	• • • • • • • • • • • • • • • • • • • •
Thyroid Problems						_
Liver Disease						
Kidney Problems Heart Pacemaker Heart Problems			•			•
List any medications you are taking: Description of the series and doctors you are currently seeing: Description of the seeing		_		_	_	
Description of the resolution			•		_	
1. List any medications you are taking: 2. Please list all doctors you are currently seeing: 3. Has any Doctor or other professional advised you to "Go to a Chiropractor ": □ No □ Yes, Name PAST HISTORY 4. List any past auto collisions: ———————————————————————————————————			-			Heart Problems
I. List any past auto collisions: Was any care received? 5. List any past work injuries: Was any care received? 6. List any past sport, recreational, or home injuries						
5. List any past work injuries: Was any care received? 6. List any past sport, recreational, or home injuries 7. Please describe any past conditions and treatment received:						Was any care received?
6. List any past sport, recreational, or home injuries						
			·			-
7. I rodoc decembe drift past conditions and treatment received:						
	,	u	soonso any paot conductions and deadlicht			
8. Please list any past hospitalizations and surgeries:	/. FI	aaca li	st any past hospitalizations and surgeries:		· · · · ·	
FAMILY HISTORY		Jase II				