

PATIENT HEALTH HISTORY

Name: _____ Height: _____ Weight: _____

What is your exercise routine? _____

* In the next section, you will indicate whether these problems are past or current problems. Circle P if it is a past problem and circle C if it is a current problem. If it does not apply, leave it blank.

Musculoskeletal & General

- P C Degenerative Arthritis
- P C Rheumatoid Arthritis or Gout
- P C Compression Fracture
- P C Osteomyelitis or Spondylitis
- P C Osteoporosis
- P C Psoriasis or psoriatic Arthritis
- P C Fibromyalgia

Musculoskeletal Spine

- P C Neck Problem
- P C Mid-back Problem
- P C Low-back Problem
- P C Poor Posture or Scoliosis
- P C Disc Injury/Herniation/Bulge

Nervous System

- P C Muscle Weakness/Shaking
- P C Tingling/Numbness
- P C Pinched Nerve/Sciatica
- P C Poor Balance
- P C Depression
- P C Anxiety
- P C Dizziness/Vertigo
- P C Seizures/Epilepsy
- P C Vision Problems
- P C Earache or Ear Infections
- P C Jaw/TMJ or Mouth Problems
- P C Chronic Sinus problems
- P C Allergies
- P C Sleeping Troubles

Musculoskeletal Extremity

- P C Hip or Sacroiliac Issue L R
- P C Leg or Knee Issue L R
- P C Ankle or Foot L R
- P C Shoulder Problem L R
- P C Arm/Elbow/Hand Problem L R
- P C Rib or Chest Pain

EENT

- P C Asthma or Difficulty Breathing
- P C Throat or Swallowing Problems

General Systems

- P C Diabetes
- P C High Blood Pressure
- P C Recent Fever over 102 F
- P C Thyroid Problem
- P C Abdominal Pain
- P C Constipation/Diarrhea
- P C Heartburn/Acid Reflux/Ulcers
- P C Leaky Bladder/Bowel
- P C Inflammatory Bowel Disease
- P C Menstrual Problems or PMS
- P C Menopause Symptoms
- P C Pregnancy Problems
- P C Pacemaker or Implanted Device
- P C History of Stroke or Aneurysm
- P C Concerns about Weight

Injuries and General Constitution

- P C Car Accident/Whiplash
- P C Work or Sports Injury
- P C Recent Fall or Accident
- P C Smoking Habit
- P C Alcohol/Drug Dependence
- P C Unexplained Weight Loss
- P C Cancer/Tumor
- P C Blurred/Double Vision
- P C Dizziness, Nausea, or Faintness when neck is moved
- P C Medication Issue

Family History (Check all applicable)

- Chronic Neck/Back Problems
- Neck or Back Surgery
- Significant Arthritis
- Cancer
- Bone/Joint Problems
- Frequent Headaches or migraines

Please list all medications/vitamins:

Please list all surgeries/procedures:
