

PATIENT INFORMATION

Name: _____ DATE: _____

Reason(s) for todays visit: _____

Onset of condition: _____ Methods tied to alleviate your condition: _____

Medications/vitamins you take: _____

List your surgeries/accidents/hospitalizations/diseases – with dates: _____

Family history: (F)father, (M)mother, (S)siblings

___ Diabetes ___ Heart Disease ___ High blood pressure ___ Thyroid
___ Cancer ___ Lung Disease. ___ Hypoglycemia ___ other _____

Females Only: Are you pregnant? ___yes ___no – Date of last menstrual period: _____

PLEASE CHECK YOUR PAST OR PRESENT SYMTOMS

MUSCULO-SKELETAL

Past/Now

- ___ low back pain
- ___ head/neck pain
- ___ jaw pain/clicking
- ___ pain betw shoulders
- ___ arms/shoulders
- ___ elbows
- ___ hands/wrist
- ___ hips
- ___ legs
- ___ knees
- ___ feet/ankles
- ___ walking difficulty
- ___ sore/weak muscles
- ___ broken bones

NERVOUS SYSTEM

- ___ numbness/tingling
- ___ headaches
- ___ dizziness
- ___ fatigue

NERVOUS SYSTEM (continued)

Past/Now

- ___ light/sound sensitivity
- ___ loss of smell/taste
- ___ cold hands and feet
- ___ confusion
- ___ depression
- ___ irritability/tension
- ___ crying spells

CARDIOVASCULAR

- ___ irregular/fast heartbeat
- ___ blood pressure problems
- ___ heart problems
- ___ breathing problems
- ___ chest pains
- ___ lung problems
- ___ persistent cough
- ___ shortness of breath
- ___ varicose veins
- ___ hiatal hernia
- ___

GASTRO-INTESTINAL

Past/Now

- ___ poor appetite
- ___ excessive hunger
- ___ crave sweets
- ___ abdominal pain
- ___ indigestion
- ___ nausea
- ___ gas
- ___ bloating
- ___ belching
- ___ vomiting
- ___ constipation
- ___ diarrhea
- ___ blood stools
- ___ black stools
- ___ hemorrhoids
- ___ liver troubles
- ___ gallbladder problems
- ___ overweight
- ___ underweight

EYE/EAR/NOSE & THROAT

Past/Now

- eye problems
- vision problems
- glasses/contacts
- ear problems
- ear noises
- dental problems
- sore gums/tongue
- throat problems
- thyroid problems
- sinus problems
- nasal problems
- nose bleeds

GENITOURINARY

- bladder problems
- problems with urination
- excessive urination
- bladder/kidney/infections.

GENERAL

Past/Now

- fatigue
- sleeping difficulty
- recurrent colds/infections
- allergies
- asthma
- skin changes
- lumps/lymph gland swelling
- bruise easily
- forgetfulness

FEMALE

- irregular periods
- premenstrual symptoms
- irregular bleeding
- menstrual cramps
- hot flashes
- breast pain/lumps
- genital pain
- recurrent infections
- problem pregnancies

CHILDREN

Past/Now

- learning difficulties
- overactivity
- coordination problems
- food/medication sensitivity
- socially withdrawn
- recurrent infection