Tinkle Chiropractic

Health History Name: _____ Date: _____

Please select all choices that apply to the patient:

[ ] Abdominal Pain
[ ] Allergies
[ ] Angina
[ ] Anorexia
[ ] Aortic Aneurysm
[ ] Arthritis
[ ] Asthma
[ ] Blood Disorder
[ ] Breast Soreness
[ ] Bulimia
[ ] Cancer
[ ] Colitis
[ ] Convulsions
[ ] Diabetes
[ ] Dislocated Joints
[ ] Dizziness
[ ] Emphysema
[ ] Epilepsy
[ ] Fainting
[ ] Hay Fever
[ ] Headaches
[ ] Heart Attacks
[ ] Heart Disease
[ ] High Blood Pressure
[ ] HIV/AIDS
[ ] Irregular Bowel Habits
[ ] Irregular Menstruation
[ ] Irritable Colon
[ ] Kidney Disease
[ ] Kidney Stones
[ ] Liver Disease
[ ] Low Blood Pressure
[ ] Lung Disease
[ ] Multiple Sclerosis
[ ] Osteoporosis
[ ] Painful Urination
[ ] PMS
[ ] Polio
[ ] Profuse Menstrual
[ ] Prostate Disease
[ ] Rapid Heart Rate
[ ] Rheumatic Fever
[ ] Scoliosis
[ ] Sexually Transmitted Diseases
[ ] Sickle Cell Anemia
[ ] Sinus Trouble
[ ] Spinal Disc Disorder
[ ] Stroke
[ ] Thyroid Disorder
[ ] Tuberculosis
[ ] Ulcer
[ ] Vaginal Discharge

Select all choices that apply to the patient's family **(please do not include relations by marriage)**:

[ ] Abdominal Pain
[ ] Allergies
[ ] Angina
[ ] Anorexia
[ ] Aortic Aneurysm
[ ] Arthritis
[ ] Asthma
[ ] Blood Disorder
[ ] Breast Soreness
[ ] Bulimia
[ ] Cancer
[ ] Colitis
[ ] Convulsions
[ ] Diabetes
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[ ] Prostate Disease
[ ] Rapid Heart Rate
[ ] Rheumatic Fever
[ ] Scoliosis
[ ] Sexually Transmitted Diseases
[ ] Sickle Cell Anemia
[ ] Sinus Trouble
[ ] Spinal Disc Disorder
[ ] Stroke
[ ] Thyroid Disorder
[ ] Tuberculosis
[ ] Ulcer
[ ] Vaginal Discharge

The patient exercises: [ ] Regularly [ ] Moderately [ ] Occasionally [ ] Rarely [ ] Never

The patient smokes: [ ] 2+ packs per day [ ] 2 packs per day [ ] 1 pack per day [ ] ½ pack per day
[ ] less than ½ pack per day [ ] Never smokes

The patient uses alcohol: [ ] Excessively [ ] Moderately [ ] Occasionally [ ] Rarely [ ] Never

Medication the patient is currently taking:

[ ] Analgesics
[ ] Anti-inflammatory
[ ] Birth Control
[ ] Muscle relaxants
[ ] No non-prescription medications
[ ] Hypertension
[ ] No prescription medications
[ ] Tranquilizers
[ ] Psychotropic medication
[ ] Vitamin supplements

Allergies – **Please mark all that apply:**

[ ] Animal dander
[ ] Dairy Products
[ ] Dust
[ ] Latex
[ ] Penicillin
[ ] Perfumes
[ ] Pollen
[ ] Secondary Smoke
[ ] Sulfa drugs
[ ] No known allergies