Francis Chiropractic

Name_________________________________ Date_______________

Email_________________________________

1. **Family Physician** ________________________ Weight_______ / Height____________
2. List any health conditions or illnesses that you are currently being treated for:____________________

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3. Have you had any broken bones? _______What? _________ When? ________________________
4. Have you had any past auto accidents, work injuries or traumas? What? ____________
When: ____
5. Smoker? Yes no ex-smoker
6. Have you had any surgeries? What? ________________________ When? ____________________

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7. Do you have? **Please list Medicines being taken for each condition:**

Y N High Blood Pressure ____

Y N Heart Disease ____

Y N High Cholesterol ____

Y N Diabetes ____

Y N Cancer ____

Y N Stroke ____

Y N Asthma/ Emphysema ____

Y N Hepatitis/HIV ____

Y N Arthritis ____

Other Medications/Reason ____

Allergies to medication: ____

8. General

__ Weight loss
__ Poor sleep
__ Strong thirst
__ Night sweats
__ Fever
__ Fatigue
__ Poor balance

Cardiovascular

__ Dizziness
__ High blood pressure
__ Poor circulation
__ Swelling in feet
__ Chest pain
__ Hardening of arteries
__ Irregular heart beat
__ Blood clots
__ Other cardiovascular

Respiratory

__ Asthma / allergies
__ Difficulty breathing
__ Coughing up blood
__ Other lung problem

Gastrointestinal

__ Nausea
__ Diarrhea
__ Constipation
__ Black stools
__ Blood In stool
__ Reflux
__ Gallbladder trouble
__ Colitis
__ Abdominal pain/cramps
__ Liver disease
__ Heartburn
__ Ulcers
__ Diverticulitis
__ Appendicitis
__ Food allergies
__ Hiatal hernia

Urinary

__ Kidney/bladder infections
__ Blood in urine
__ Pain upon urination
__ Urgency to urinate
__ Prostate problems
__ Any other genital/urinary problems ____________________

Neurological

__ Dizziness
__ Seizures
__ Numbness / Tingling
__ Depression
__ Anxiety
__ Concussions
__ Other neurological disorders
__ Headaches

Head, Eyes , Ears,Throat

__ Migraines / Headaches
__ Eye pain or strain
__ Blurry vision
__ Ringing in ears
__ Sinus problems
__ Facial pain / numbness
__ Grinding teeth
__ TMJ
__ Chronic earaches
__ Chronic headcolds
__ Hearing loss