FRANCIS CHIROPRACTIC
CLINIC AND WELLNESS CENTER

HEALTH HISTORY

Your answers on this form are to help our doctors and team understand any medical concerns or conditions. Answer what you can, and best estimates on specific detials and times are fine. Thank you.

NAME _____ DATE _____

Family Physician _____

Weight _____ Height _____ Smoker? ☐ No ☐ Ex-Smoker ☐ Yes ☐ Vaping

Have you ever BROKEN a bone? ☐ NO ☐ YES What _____ When _____

Any past auto accidents, work Injuries or trama? ☐ NO ☐ YES What _____ When _____

Any past SURGERIES? ☐ NO ☐ YES What _____ When _____

Check all that apply

	Treated with Medication? YES	NO
☐ High Blood Pressure	☐	☐
☐ Heart Disease	☐	☐
☐ High Cholesterol	☐	☐
☐ Anxiety/Depression	☐	☐
☐ Acid Reflux	☐	☐
☐ Headaches	☐	☐

	Treated with Medication? YES	NO
☐ Pre- Diabetes/Diabetes	☐	☐
☐ Osteopenia / Osteoporosis	☐	☐
☐ Asthma/ Emphysema	☐	☐
☐ Cancer	☐	☐
☐ Arthritis	☐	☐
☐ Autoimmune	☐	☐

Any Other Current Health Concerns or Illness - Being Treated

_____

_____

Check any current medication

☐ Tylenol/Advil/ Aleve (NSAIDS)
☐ Anti Anxiety/Anti Depression (SSRI)
☐ Perscription Pain Killers (Opioids)
☐ Metformin (Dieretic)
☐ Acid Reducer/Antacid (Omeprozole)
☐ Bone Density (Fosamax)
☐ Cannabinoids for Pain (THC, CBD, Hemp)
☐ Cholestoral (STATIN)

Other Medications _____

_____

Suppliments/ Vitamins _____

_____

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HEALTH HISTORY

Review of Body Systems:

(Please Circle and CURRENT problems you are having on the list below.)

Overall Wellness

Fatigue/ Weakness
Restless/Poor sleep
Night sweats
Unexplained weight loss
Unexplained weight gain
Poor balance
Excess thirst

Gastrointestinal

Nausea
Diarrhea
Gas/Flatulence
Bloating
Constipation
IBS
Black stools
Blood in stool
Reflux
Gallbladder trouble
Colitis
Abdominal pain/cramps
Liver disease
Heartburn
Ulcers
Diverticulitis
Food allergies

Head, Eyes, Ears

Migraines / Headaches
Eye pain or strain
Ringing in ears
Sinus problems
Facial pain / numbness
Chronic earaches
Chronic head colds
Hearing loss
Allergies (seasonal)

Respiratory

Asthma
Difficulty breathing
Allergies
Other lung problem

Musculoskeletal

Muscle/ Joint pain
TMJ
Chronic back pain
Joint swelling
Gout

Neurological

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

Genitourinary

Kidney/bladder infections
Blood in urine
Painful urination
Urgency to urinate
Prostate problems
Sexual Function Problems
Poor stream

Cardiovascular

Dizziness change in position
High blood pressure
Poor circulation
Swelling in feet
Chest pain
Irregular heart beat
Blood clots

Any Other Concerns??? _____