

# HEALTH HISTORY

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**ALLERGIES:** (circle all that apply to you; **write in anything not listed**)

Seasonal	Dust	Cats/Dogs	Sulfa drugs/Sulfonamides	Mold	Dyes	<b>NONE</b>
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Allergies to medications: \_\_\_\_\_

Food allergies: \_\_\_\_\_ Other: \_\_\_\_\_

**MEDICAL CONDITIONS:** (circle all that apply to you; **write in anything not listed**)

Osteoarthritis	High Cholesterol	Fibromyalgia	<b>NONE</b>
Cancer: _____	Stroke	Anxiety/Depression	
Diabetes	Osteopenia/Osteoporosis	Thyroid	
High Blood Pressure	Heart Disease	Asthma	
Rheumatoid arthritis	Kidney Stones	Hepatitis	
HIV/AIDS	Epilepsy	Migraine Headaches	

Other: \_\_\_\_\_

**SURGERIES:** (circle all that apply to you; **write in anything not listed**)

Appendectomy	Breast Augmentation	Cervical Spine	<b>NONE</b>
Tonsillectomy	Breast Reduction	Thoracic Spine	
Hysterectomy	Brain: _____	Lumbar Spine	
Joint replacement: _____	Rotator Cuff/Labrum R / L	Gall Bladder	
Carpal Tunnel R / L	Kidney Stones	Hernia	
Prostate	Gastrointestinal	Caesarean Section	

Other: \_\_\_\_\_

**SOCIAL HISTORY:** (circle all that apply to you)

Cigarettes:    <1 pack per day    >1 pack per day    Quit    Second hand smoke    **Never**

Exercise:        Daily                                  Weekly                                  Never

**FAMILY HISTORY:** (mark all that apply)

Osteoarthritis	___ Parent	___ Sibling	<b>NONE</b>
Cancer: _____	___ Parent	___ Sibling	
Diabetes	___ Parent	___ Sibling	
High Blood Pressure	___ Parent	___ Sibling	
Rheumatoid arthritis	___ Parent	___ Sibling	
Heart Disease	___ Parent	___ Sibling	

**List all prescription & over-the counter medications, and nutritional/herbal supplements you are taking:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Patient Initials	Date	
_____	_ / _ / _	_____
_____	_ / _ / _	_____
_____	_ / _ / _	_____
_____	_ / _ / _	_____
_____	_ / _ / _	_____

**WOMEN:** (circle all that apply to you)

Are you pregnant?    \_\_\_Yes                          \_\_\_No                          \_\_\_Not sure

Number of pregnancies \_\_\_\_\_    Number of live births \_\_\_\_\_