HOLLY SPRINGS CHIROPRACTIC
MEDICAL HISTORY

CHECK ANY OF THE FOLLOWING DISEASE YOU HAVE HAD:

□ Pneumonia	□ Mumps	□ Influenza
□ Rheumatic Fever	□ Small Pox	□ Pleurisy
□ Polio	□ Chicken Pox	□ Arthritis
□ Tuberculosis	□ Diabetes	□ Epilepsy
□ Whooping Cough	□ Cancer	□ Mental Disorders
□ Anemia	□ Heart Disease	□ Lumbago
□ Measles	□ Thyroid	□ Eczema

HAVE YOU EXPERIENCED ANY OF THE FOLLOWING WITHIN THE PAST 6 MONTHS:

GENERAL

- □ Fever
- □ Chills
- □ Night Sweats
- □ Loss of Sleep
- □ Fatigue
- □ Nervousness
- □ Weight Loss or Gain
- □ Allergies
- □ Bleeding Problem

SKIN

- □ Itching
- □ Bruising Easily
- □ Change in Mole(s)
- □ Psoriasis

NEUROLOGIC

- □ Weakness
- □ Twitching
- □ Tremors
- □ Headache
- □ Fainting
- □ Dizziness
- □ Convulsions
- □ Numbness/Tingling
- □ Arm/Leg Pain

EYE/EAR/NOSE/THROAT

- □ Poor Vision
- □ Pain in Eye(s)
- □ Deafness/Difficulty Hearing
- □ Nosebleeds
- □ Nose Problems
- □ Sinus Trouble
- □ Hoarseness

CARDIOVASCULAR

- □ Irregular Heartbeat
- □ High Blood Pressure
- □ Pain over Heart
- □ Previous Heart Trouble
- □ Ankle Swelling
- □ Varicose Veins
- □ Rheumatic Fever
- □ Stroke

MUSCULOSKELETAL

- □ Neck Stiffness/Pain
- □ Pain Between Shoulders
- □ Low Back Pain
- □ Swollen Joints
- □ Painful Joints
- □ Muscle Aches/Soreness
- □ Spinal Curvature
- □ Fibromyalgia

GASTROINTESTINAL

- □ Poor Appetite
- □ Poor Digestion
- □ Difficulty Swallowing
- □ Frequent Nausea
- □ Vomiting
- □ Pain over Abdomen
- □ Ulcer
- □ Black or Bloody Stools
- □ Liver Problems
- □ Gall Bladder Problems
- □ Hernia
- □ Diarrhea
- □ Constipation
- □ Hemorrhoids
- □ Appendicitis

GENITOURINARY

- □ Frequent Urination
- □ Painful Urination
- □ Blood in Urine
- □ Kidney Disease
- □ Urinary Infection
- □ Inability to Control Urination
- □ Difficulty Starting Urine Flow
- □ Get up ___ Times per Night to Urinate
- □ Breast Lump or Pain
- □ Venereal Infection
- □ Sexual Difficulties

RESPIRATORY

- □ Difficulty Breathing
- □ Chronic Cough
- □ Spitting Phlegm
- □ Spitting Blood
- □ Wheezing/Asthma

MEN ONLY

- □ Testicular Swelling/Pain
- □ Prostate Problems

Women Only

- □ Painful Periods
- □ Excessive Flow
- □ Irregular Cycles
- □ Vaginal Burning/Itching
- □ Hot Flashes

____
Date of Last Period

FAMILY HISTORY

Include information on brothers, sisters, parents, & grandparents. DO NOT INCLUDE YOURSELF.

- □ Diabetes
- □ Thyroid Disease/Goiter
- □ Tuberculosis
- □ Kidney Disease
- □ High Blood Pressure
- □ Heart Disease
- □ Cancer
- □ Muscle, Bone, or Nerve Disease