

# HEALTH HISTORY

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Birthdate: M \_\_\_\_\_ D \_\_\_\_\_ Y \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status:  M  S  D  W  Sep  C-Law Name of Spouse: \_\_\_\_\_

Employer: \_\_\_\_\_ Type of Work: \_\_\_\_\_

Name of Extended Health Plan \_\_\_\_\_

Referred By: \_\_\_\_\_  Friend  Relative  Doctor  Other

YOUR MEDICAL DOCTOR: \_\_\_\_\_ Last Consulted: \_\_\_\_\_

## Current History:

What health concern has brought you to our office: \_\_\_\_\_

Who else have you seen for this condition? And when? \_\_\_\_\_

Type of treatment: \_\_\_\_\_ Results: \_\_\_\_\_

IS CONDITION:  JOB RELATED  MOTOR VEHICLE ACCIDENT  HOME INJURY  UNKNOWN

Is this a WCB or ICBC claim?  Y  N Claim Number: \_\_\_\_\_

Pregnant:  Y  N How many months: \_\_\_\_\_ Due Date: \_\_\_\_\_

Drugs you take now:  heart pills  anti-inflammatories  antidepressants  
 blood pressure pills  pain killers  sedatives  
 blood thinners  muscle relaxant  insulin  
 Other \_\_\_\_\_

DO YOU HAVE:  ARTHRITIS  GOUT  DIABETES  OSTEOPOROSIS  ULCERS  FIBROMYALGIA

Other medical problems: \_\_\_\_\_

Significant recent weight change?  Y  N How much? \_\_\_\_\_ How many months? \_\_\_\_\_

## Past History:

SURGERY\OPERATIONS:  BACK  NECK  HEART  BOWEL  GALL BLADDER  HYSTERECTOMY  
 HERNIA  APPENDECTOMY  TONSILLECTOMY  OTHER: \_\_\_\_\_

Have you had:  motor vehicle accident  major fall When? \_\_\_\_\_

Past broken bones: \_\_\_\_\_

HAVE YOU EVER HAD:  HIGH BLOOD PRESSURE  HEART PROBLEMS  STROKE  CANCER

Other past serious illness: \_\_\_\_\_

Hospitalization (other than above): \_\_\_\_\_

PREVIOUS  X-RAYS  MRI  CT SCAN  BONE SCAN BODY PART: \_\_\_\_\_

Approximate dates: \_\_\_\_\_ Who ordered them? \_\_\_\_\_

Previous Chiropractic Care:  Y  N Approximate date of last visit: \_\_\_\_\_

Chiropractor's Name: \_\_\_\_\_ City: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_