			He	alth	History						
What treatme	nt have you already rec	eived for your condi	tion? 🗌 Me	edication	ns 🗌 Surgery 🗌	Physica	al Therapy				
	☐ Chiropractic Service	es None O	ther								
Name and ad	Idress of other doctor(s)	who have treated y	ou for your	condition	on						
Date of Last:	Physical Exam		Spinal X-Ray Blood Test								
Spinal Exam			Chest X-Ray Urine Test								
	MRI, CT-Scan, Bone Scan										
Diana a magnic											
	on "Yes" or "No" to indic	10. The control of th	4000000		_	□ Voc	□ No	Phoumatoid Arthritic	o □ Voc	□ No	
AIDS/HIV	☐ Yes ☐ No	Chicken Pox	☐ Yes		Liver Disease	☐ Yes		Rheumatoid Arthritis Rheumatic Fever	Yes		
Alcoholism	☐ Yes ☐ No	Diabetes	☐ Yes		Measles Migraine Headaches	☐ Yes	□ No	Scarlet Fever	☐ Yes		
Allergy Shots		Emphysema	☐ Yes ☐ Yes		Miscarriage	Yes		Stroke	☐ Yes		
Anemia Anorexia	☐ Yes ☐ No ☐ Yes ☐ No	Epilepsy Fractures	☐ Yes		Mononucleosis	☐ Yes	□ No	Suicide Attempt	_	□ No	
Appendicitis	☐ Yes ☐ No	Glaucoma	Yes		Multiple Sclerosis	☐ Yes		Thyroid Problems	☐ Yes	□ No	
Arthritis	☐ Yes ☐ No	Goiter	☐ Yes		Mumps		□ No	Tonsillitis	Yes	□ No	
Asthma	☐ Yes ☐ No	Gonorrhea	☐ Yes		Osteoporosis		□ No	Tuberculosis		□ No	
	orders Yes No	Gout	☐ Yes		Pacemaker		□ No	Tumors, Growths	Yes		
Breast Lump	A Property of the second	Heart Disease	☐ Yes		Parkinson's Disease		_ No	Typhoid Fever	☐ Yes	☐ No	
Bronchitis	☐ Yes ☐ No	Hepatitis	☐ Yes	_ □ No	Pinched Nerve	☐ Yes	☐ No	Ulcers	☐ Yes	☐ No	
Bulimia	☐ Yes ☐ No	Hernia	Yes	☐ No	Pneumonia	☐ Yes	☐ No	Vaginal Infections	☐ Yes	☐ No	
Cancer	☐ Yes ☐ No	Herniated Disk	☐ Yes	□No	Polio	☐ Yes	□No	Venereal Disease	☐ Yes	☐ No	
Cataracts	☐ Yes ☐ No	Herpes	☐ Yes	☐ No	Prostate Problem	☐ Yes	☐ No	Whooping Cough	☐ Yes	☐ No	
Chemical		High Cholesterol	☐ Yes	□No	Prosthesis	☐ Yes	□No	Other			
Dependency	y Yes No	Kidney Disease	☐ Yes	☐ No	Psychiatric Care	☐ Yes	□No				
1	All was and			1	A Comment			N. 32			
A	EXERCISE WORK AG		ACTIVITY		HABITS						
					☐ Smoking			Packs/Day			
	☐ Moderate	☐ Standing			☐ Alcohol		Dr	inks/Week			
□ Daily		☐ Light Labor						Cups/Day			
V & V			Heavy Labor					eason			
	Are you pregnant?	☐ Yes ☐ N			Due Date						
					Due Dute			Date			
njuries/Surge	Description					Date	9				
Falls			74.74								
Head In	juries										
Broken	Bones										
Dislocat	tions				200000000000000000000000000000000000000					- 19	
Surgerie	es										
	Court of the little	A STATE OF THE	7 - 754					No.			
			42.41								
	Medication	5		Alle	ergies	V	itami	ns/Herbs/M	linera	als	
								1.25-1			
5. N	amo										
Pharmacy Na											