

Name \_\_\_\_\_

Date \_\_\_\_\_ Francis Chiropractic

**1. Family Physician** \_\_\_\_\_

2. List any health conditions or illnesses that you are currently being treated for: \_\_\_\_\_

3. Have you had any broken bones? \_\_\_\_\_ What? \_\_\_\_\_ When? \_\_\_\_\_

4. Have you had any past auto accidents, work injuries or traumas? \_\_\_\_\_ What? \_\_\_\_\_

When: \_\_\_\_\_

5. Do you smoke? If so how much per day and for how many years? \_\_\_\_\_ packs/day for \_\_\_\_\_ yrs

6. Have you had any surgeries? \_\_\_\_\_ What? \_\_\_\_\_ When? \_\_\_\_\_

**7. Do you have?**

**Please list Medicines being taken**

Y N High Blood Pressure \_\_\_\_\_

Y N Heart Disease \_\_\_\_\_

Y N High Cholesterol \_\_\_\_\_

Y N Diabetes \_\_\_\_\_

Y N Cancer \_\_\_\_\_

Y N Stroke \_\_\_\_\_

Y N Asthma/ Emphysema \_\_\_\_\_

Y N Hepatitis/HIV \_\_\_\_\_

8. Are you currently taking any other medications? Please list \_\_\_\_\_

**9. General**

- Weight loss
- Poor sleep
- Strong thirst
- Night sweats
- Fever
- Fatigue
- Poor balance

**Gastrointestinal**

- Nausea
- Diarrhea
- Constipation
- Black stools
- Blood In stool
- Reflux
- Gallbladder trouble
- Colitis
- Abdominal pain/cramps
- Liver disease
- Heartburn
- Ulcers
- Diverticulitis
- Appendicitis
- Food allergies
- Hiatal hernia

**Neurological**

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

**Cardiovascular**

- Dizziness
- High blood pressure
- Poor circulation
- Swelling in feet
- Chest pain
- Hardening of arteries
- Irregular heart beat
- Blood clots
- Other cardiovascular

**Head, Eyes , Ears, Throat**

- Migraines / Headaches
- Eye pain or strain
- Blurry vision
- Ringing in ears
- Sinus problems
- Facial pain / numbness
- Grinding teeth
- TMJ
- Chronic earaches
- Chronic headcolds
- Hearing loss

**Urinary**

- Kidney/bladder infections
- Blood in urine
- Pain upon urination
- Urgency to urinate
- Prostate problems
- Any other genital/urinary problems \_\_\_\_\_

**Respiratory**

- Asthma / allergies
- Difficulty breathing
- Coughing up blood
- Other lung problem