

Francis Chiropractic

Name _____

Date _____

Email _____

1. **Family Physician** _____ Weight _____ / Height _____

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. Smoker? Yes no ex-smoker

6. Have you had any surgeries? _____ What? _____ When? _____

7. Do you have?

Please list Medicines being taken for each condition:

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 _____

Y N Arthritis _____

Other Medications/Reason _____

Allergies to medication: _____

8. 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

Respiratory

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

Urinary

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