Below is a list of conditions which may seem unrelated to the purpose of your appointment. However these questions must be answered carefully as these problems can affect your overall diagnosis, treatment plan, and the possibility of being accepted for care.

## Check any of the following diseases you have had:

| | | | |
|---|---|---|---|
| ☐Appendicitis | ☐Malaria | ☐Chicken Pox | ☐Alcoholism |
| ☐Scarlet Fever | ☐Tuberculosis | ☐Diabetes | ☐Venereal Infection |
| ☐Diphtheria | ☐Whooping Cough | ☐Cancer | ☐Arthritis |
| ☐Typhoid Fever | ☐Anemia | ☐Heart Disease | ☐Epilepsy |
| ☐Pneumonia | ☐Measles | ☐Goiter | ☐Mental Disorder |
| ☐Rheumatic Fever | ☐Mumps | ☐Influenza | ☐Lumbago/Low Back Pain |
| ☐Polio | ☐Small Pox | ☐Pleurisy | ☐Eczema |

## Check any of the following you have had in the past 6 months:

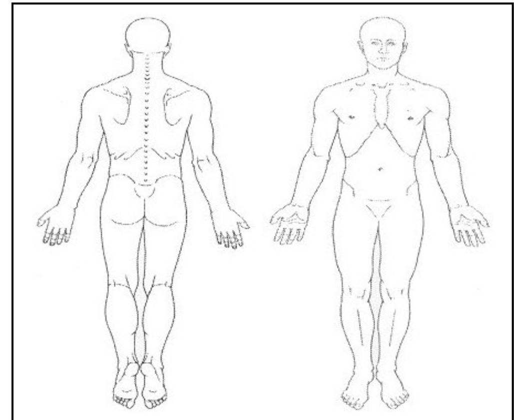
☐Low Back Pain
☐Pain between Shoulders
☐Neck Pain
☐Arm Pain
☐Joint Pain/Stiffness
☐Walking Problems
☐Difficulty Chewing/Clicking Jaw
☐Numbness
☐Paralysis
☐Dizziness
☐Forgetfulness
☐Confusion/Depression
☐Fainting
☐Convulsions
☐Cold/Tingling Extremities
☐Allergies
☐Loss of Sleep
☐Fever
☐Headaches
☐Poor/Excessive Appetite
☐Excessive Thirst
☐Frequent Nausea
☐Vomiting
☐Diarrhea
☐Constipation

☐Hemorrhoids
☐Abdominal Cramps
☐Gas/bloating after meals
☐Heartburn
☐Black/ Bloody Stool
☐Colitis
☐Bladder Trouble
☐Liver Trouble
☐Gall Bladder Problems
☐Weight Trouble
☐Painful/Excessive Urination
☐Discolored Urine
☐Chest Pain
☐Short Breath
☐Blood Pressure Problems
☐Irregular Heartbeat
☐Heart Problems
☐Lung Problems/Congestion
☐Varicose Veins
☐Ankle Swelling
☐Vision Problems
☐Dental Problems
☐Sore Throat
☐Ear Aches
☐Hearing Difficulty

☐Stuffy Nose
☐Menstrual Irregularity
☐Menstrual Cramping
☐Vaginal Pain/Infections
☐Breast Pain/Lumps
☐Prostate/Sexual Dysfunction
☐Genital Herpes

FEMALES ONLY:
When was your last period?
_______________________
Are you pregnant?
___ Yes ___ No ___ Maybe

Please mark on the diagram the area of your discomfort.



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Why Chiropractic? People go to chiropractors for a variety of reasons. Some go for symptomatic relief of pain or discomfort (Relief Care). Others are interested in having the cause of the problem as well as the symptoms corrected and relieved (Corrective Care). Still others want whatever is malfunctioning in their bodies brought to the highest state of health possible with chiropractic care. (Comprehensive Care). Your Doctor will weigh your needs and desires when recommending your treatment program.

**Please check the type of care desired so that we may be guided by your wishes whatever possible.**

☐Relief Care ☐Corrective Care ☐Comprehensive Care

I hereby authorize the Doctor to treat my condition as he deems appropriate though the use of manipulations, therapy, and such additional procedures as are considered therapeutically necessary in the course of said treatment. I hereby certify that I have read and fully understand this Authorization for chiropractic treatment. The Doctor will not be held responsible for any pre-existing medically diagnosed conditions, nor medical diagnosis.

Patient's Signature **X** ______________________________________________Date __________________

Guardian or Spouse's
Signature Authorizing Care **X** ________________________________________ Date __________________