Name: ____ **Date:** ___________________

Health History

	Please check **ALL** of the health conditions below that apply to **you** currently or in the past				**Family History** Mark ALL conditions that run in your family (father, mother, brother, sister)	**Relationship**
	Osteoarthritis/Degeneration Joint Disease		Whiplash Injury Date of Injury:		Cancer: Type:	
	Asthma		Headaches		Anemia	
	Diabetes: Type I or Type II		Joint Pain: Circle Location Shoulder, Elbow, Hip, Knee, Ankle, Other _____		Diabetes (circle one) Type I Type II	
	Anemia		Migraines		Heart Problems	
	Cancer/Tumor Location:______________		Osteoporosis/Osteopenia		Stroke	
	Rheumatoid Arthritis		Epilepsy/Seizures		High Blood Pressure	
	Depression/Anxiety		Fibromyalgia/Chronic Fatigue		Genetic Disorders	
	Disc Herniation		Genetic Disorders		Rheumatoid Arthritis	
	High Blood Pressure/ Hypertension		Please list any other medical conditions:		Other (List):	
	Heart Disease/Stroke					

Major Trauma/Injury (Describe and Date):

____

____

Surgeries and/or Hospitalizations (List and Date):

____

____

Have you had imaging done in the past months (circle)? Yes No **Which type?** Xray / MRI / CT Scan

If yes, what facility was it taken at? _____________

List current prescription medications:

Name of prescription medication		
1.	4.	7.
2.	5.	8.
3.	6.	9.

List any known allergies you have had to prescription medications. If no medication allergies, leave blank.

1.______________________________________ 2. ____

Social History

Do you currently smoke tobacco of any kind? (Circle all that apply): Yes / Former Smoker / Never been a smoker

Do you drink alcohol? Yes No **How many drinks per week?** **For how many years?**

Do you drink caffeine? Yes No **How many drinks per day?** **What type?** Coffee / Tea / Soft Drinks / Energy Drinks

Do you take NSAIDs? Yes No **How often?** Daily / Weekly / Monthly / Rarely

What type? Aspirin / Ibuprofen / Tylenol / Other ___________________

Please describe your overall health right now: Excellent / Very Good / Good / Fair / Poor