Alcoholism	HEAL	TH	HIST	ORY	OH	ELFE.	roioan t	3 8701 2 1 1 3 -		1400000			
Name and address of other doctor(s) who have treated you for your condition Date of Last: Physical Exam	What treatment hav	e you alr	ready red	ceived for your condit	ion? 🗆 N	1edication	ns Surgery	Physica	l Therapy				
Date of Last		hiroprac	tic Service	ces None Ot	her								
Spinal Exam	Name and address	of other	doctor(s) who have treated yo	ou for you	ur condition	on						
Place a mark on "Ves" or "No" to Indicate if you have had any of the following: AlDS/HIV Yes No Diabeles Yes No Measles Yes No Alberty Yes No Alberty Yes No Alberty Yes No Allergy Shots Yes No Epilepsy Yes No Measles Yes No Scarlet Fever Yes No Allergy Shots Yes No Fractures Yes No Measles Yes No Scarlet Fever Yes No Allergy Shots Yes No Fractures Yes No Measles Yes No Scarlet Fever Yes No Allergy Shots Yes No No Fractures Yes No Measles Yes No No Scarlet Fever Yes No Allergy Shots Yes No No Allergy Shots Yes No No Allergy Shots Yes No No Scarlet Fever Yes No Allergy Shots Yes No No Scarlet Fever Yes No No Scarlet Fever Yes No No Scarlet Fever Yes No						Spinal X-Ray Blood Test							
Place a mark on "Yes" or "No" to Indicate if you have had any of the following: AIDS/HIV Yes No Diabeles Yes No Measles Yes No Alberty Yes No Alberty Yes No Alberty Yes No Allergy Shots Yes No Epilepsy Yes No Measles Yes No Scarlet Fever Yes No Allergy Shots Yes No Epilepsy Yes No Measles Yes No Scarlet Fever Yes No Allergy Shots Yes No Epilepsy Yes No Measles Yes No Scarlet Fever Yes No Allergy Shots Yes No Fractures Yes No Migraine Headaches Yes No Disease Yes No Anoroxia Yes No Mononuclosis Yes No Scarlet Fever Yes No Anoroxia Yes No Mononuclosis Yes No Yes No Appendicits Yes No Glater Yes No Mononuclosis Yes No Yes					Chest X-Ray Urine Test								
Place a mark on "Yes" or "No" to indicate if you have had any of the following: AIDS/HIV							one Scan						
ALDS/HIV				cata if you have had									
Alcoholism	Place a mark on Ye												
Allergy Shots Ves No Epilepsy Yes No Migraine Headaches Ves No Anemia Yes No Glaucoma Yes No Monorucleosis Yes No Anorexia Yes No Golter Yes No Monorucleosis Yes No Sucide Attempt Yes No Arthritis Yes No Gooter Yes No Multiple Sciencesis Yes No Sucide Attempt Yes No Arthritis Yes No Gooter Yes No Osteoporosis Yes No Sucide Attempt Yes No Astima Yes No Gooter Yes No Osteoporosis Yes No No Osteoporosis Yes No Osteoporosis Ye	AIDS/HIV												
Anomaia	Alcoholism	Yes									☐ Yes	□ NO	
Anorexia	Allergy Shots	Yes	□No										
Appendicitis Yes No Golter Yes No Multiple Sclerosis Yes No Suicide Attempt Yes No Arthrhis Yes No Goot Yes No Mumps Yes No No Asthrna Yes No Gout Yes No Osteoprosis Yes No No Thyroid Problems Yes No Breast Lump Yes No Heart Disease Yes No Parkinson's Disease Yes No Tumore, Growths Yes No Parkinson's Disease Yes No Tumore, Growths Yes No Pinched Nerve Yes No Tumore, Growths Yes No Pinched Nerve Yes No Tumore, Growths Yes No Pinched Nerve Yes No Yes No Pinched Nerve Yes No Yes No Yes No Pressure Yes	Anemia	Yes	□No								Yes	□ No	
Arthritis Yes No Gonorrhea Yes No Mumps Yes No Thyroid Problems Yes No Asthma Yes No Gout Yes No Osteoprosis Yes No Thyroid Problems Yes No Steeding Disorders Yes No Heart Disease Yes No Pacemaker Yes No Tuberculosis Yes No Yes No Prostate Problem Yes No Yes No Prostate Problem Yes No Yes No Prostate Problem Yes No Yes No Yes No Prostate Problem Yes No Yes Yes No Yes No Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	Anorexia	Yes	□No							Stroke	Yes	□ No	
Asthma Yes No Gout Yes No Osteoporosis Yes No Tonsilitis Yes No Pacemaker Yes No Tonsilitis Yes No No Pacemaker Yes No Tonsilitis Yes No No Packinson's Disease Yes No Tumors, Growths Yes No	Appendicitis									Suicide Attempt	Yes	□ No	
Bleeding Disorders Yes No	Arthritis	Yes								Thyroid Problems	Yes	□ No	
Breast Lump Ves No Hepatitis Ves No Parkinson's Disease Ves No Tumors, Growths Ves No Parkinson's Disease Ves No Tumors, Growths Ves No Parkinson's Disease Ves No Tumors, Growths Ves No Polio Ves No Typhoid Fever Ves No Vaginal Infections Ves No Vaginal Infections Ves No Vaginal Infections Ves No Polio Ves No Vaginal Infections Ves No Prostate Problem Ves No Vaginal Infections Ves No Prostate Problem Ves No No Prostate Problem Ves No Prostate Problem Ves No No Prostate Problem Ves No	Asthma									Tonsillitis	Yes	□ No	
Bronchitis Yes No Hernia Yes No Pinched Nerve Yes No Typhold Fever Yes No No No No No No No N		Yes	□No							Tuberculosis	Yes	□ No	
Bullimia	Breast Lump	Yes	□No	Hepatitis	Yes	□ No				Tumors, Growths	Yes	□ No	
Cancer Yes No Herpes Yes No Pollo Yes No Vaginal Infections Yes No Prostate Problem Yes No Prostate Problem Yes No No Prostate Problem Yes No Prostate Problem Prostate Problem Yes No No Prostate Problem Yes No Prostate Problem Yes No No Prostate Problem Prostate Problem	Bronchitis	Yes	□No	Hernia						Typhoid Fever	☐ Yes	□ No	
Cataracts	Bulimia	Yes	□No	Herniated Disk				Yes		Ulcers	☐ Yes	□ No	
Chemical Pressure Yes No Prosthesis Yes No Other	Cancer	Yes	□No	Herpes	Yes	□ No	Polio	Yes	□No	Vaginal Infections	Yes	□ No	
Chemical Dependency Yes No High Cholesterol Yes No Prosthesis Yes No Other Dependency Yes No High Cholesterol Yes No Psychiatric Care Yes No No Network Chicken Pox Yes No Kidney Disease Yes No Rheumatoid Arthritis Yes No EXERCISE WORK ACTIVITY HABITS Smoking Packs/Day Moderate Standing Alcohol Drinks/Week Daily Light Labor Coffee/Caffeine Drinks Cups/Day Heavy Heavy Labor High Stress Level Reason Are you pregnant? Yes No Due Date Injuries/Surgeries you have had Description Date Falls Head Injuries Broken Bones Dislocations Surgeries Surgeries MEDICATIONS ALLERGIES VITAMINS/HERBS/MINERALS	Cataracts	Yes	□No		□Ves	□ No	Prostate Problem	Yes	□ No	Whooping Cough	Yes	□ No	
Chicken Pox	Chemical	□ Voo	□ No					Yes	□ No				
None	Chicken Pox												
None	EVEDCISE			WORK ACTIVI	TV		HARITS						
Moderate					••								
Daily Light Labor Coffee/Caffeine Drinks Cups/Day Heavy Heavy Light Labor High Stress Level Reason Light Labor High Stress Level Reason Light Labor Date Light Labor High Stress Level Reason Light Labor Date Light Labor Date Light Labor Date Light Stress Level Reason Light Labor Date Light Stress Level Reason Light Labor Date Light Stress Level Reason Light Labor Light Stress Level Reason Light Labor Light Stress Level Reason Light Labor Light Stress Level Reason Light Stress Level Light Stress Level Reason Light Stress Level Light Stress Lev													
Heavy Heavy Labor High Stress Level Reason Are you pregnant? Yes No Due Date Injuries/Surgeries you have had Description Date Falls Head Injuries Broken Bones Dislocations Surgeries MEDICATIONS ALLERGIES VITAMINS/HERBS/MINERAL													
Are you pregnant?				☐ Light Labor									
Injuries/Surgeries you have had Description Date Falls Head Injuries Broken Bones Dislocations Surgeries MEDICATIONS ALLERGIES VITAMINS/HERBS/MINERAL	Heavy			☐ Heavy Labor			☐ High Stress Leve	1	Reas	son			
Falls Head Injuries Broken Bones Dislocations Surgeries MEDICATIONS ALLERGIES VITAMINS/HERBS/MINERAL	Are you pregnant?	☐ Yes	□No	Due Date									
Head Injuries Broken Bones Dislocations Surgeries MEDICATIONS ALLERGIES VITAMINS/HERBS/MINERAL	Injuries/Surgeries y	ou have	had		Descr	ription				Date)		
Broken Bones Dislocations Surgeries MEDICATIONS ALLERGIES VITAMINS/HERBS/MINERALS	Falls												
Dislocations Surgeries MEDICATIONS ALLERGIES VITAMINS/HERBS/MINERAL	Head Injuries												
MEDICATIONS ALLERGIES VITAMINS/HERBS/MINERAL	Broken Bones												
MEDICATIONS ALLERGIES VITAMINS/HERBS/MINERAL	Dislocations												
	Surgeries												
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