

## Health History Form

(Please check all that apply)

### Head/Neck:

- Headaches/Migraines
- Fainting/Loss of
- Consciousness
- Hearing Loss
- Earaches
- Ear Problems
- (Infections, tubes)
- Vertigo
- Visual Problems
- Visual Loss
- Sinus
- Jaw Pain/Dental Problems

### Cardiovascular:

- High Blood Pressure
- Low Blood Pressure
- Heart Diseases
- Irregular Heart Beat
- Stroke
- Arteriosclerosis
- Varicose Veins
- Deep Vein Thrombosis
- Phlebitis
- Hemophilic
- Pacemaker

### Digestive/Urinary:

- Difficult Digestion
- Poor Digestion
- Constipation
- Diarrhea
- Irritable Bowel
- Kidney/Urinary
- Liver/Gall Bladder
- Ulcers
- Diabetes (Type): \_\_\_\_\_
- Hypoglycemia

### Respiratory:

- Asthma
- Chronic Cough
- Shortness of Breath
- Bronchitis
- Emphysema
- Smoker
- How often: \_\_\_\_\_

### Skin:

- Acne
- Athletes Foot
- Cold Sores
- Eczema/Psoriasis
- Rashes
- Warts
- (Location): \_\_\_\_\_
- Recent tattoos
- Recent Piercings
- Recent Stiches

### Female:

- Menstrual Problems
- Pregnancy
- (Due Date): \_\_\_\_\_
- Children # \_\_\_\_\_
- Menopause
- Hysterectomy

### Infectious Condition:

- AIDS/HIV
- Hepatitis (Type)
- Herpes (Type)
- Tuberculosis

### Other:

- Mental Illness
- Epilepsy
- Cancer
- (Location): \_\_\_\_\_
- Chronic fatigue Syndrome
- Fibromyalgia

### Muscle/Joints:

- Neck
- Shoulder
- Upper Back
- Mild Back
- Low Back
- Hip
- Knee
- Foot/Ankle
- Osteoporosis
- Osteoarthritis
- Rheumatoid Arthritis
- Scoliosis
- Hernia

### General Stress Levels:

- High
- Moderate
- Low

### General Health Status:

- Good
- Average
- Poor

### Previous Health Care:

- Massage Therapy
- Chiropractic
- Physiotherapy
- Acupuncture
- Other: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_