

Sports & Spinal Injury Clinic, LLC
Health History Form

NAME: \_\_\_\_\_ ID#: \_\_\_\_\_ DOB: \_\_\_\_\_ M / F \_\_\_\_\_ DATE: \_\_\_\_\_

Please check any of the following you have or have had.

- Alcohol / Drug Abuse, Anemia, Arthritis, Artificial Bones / Joints, Artificial Valves, Asthma / Difficulty Breathing, Cancer, Chemotherapy, Congenital Heart Defect, Diabetes / Tuberculosis, Disc Herniation, Emphysema / Lung Disorder, Fainting / Seizures / Epilepsy, Fibromyalgia, Frequent Neck Pain, Frequent / Severe Headaches, Glaucoma, Heart Attack, Heart Murmur, Heart Surgery / Pacemaker, Hepatitis, High / Low Blood Pressure, HIV+ / Aids, Kidney Problems, Lower Back Pain, Lupus, Mitral Valve Prolapse, Psychiatric Problems, Rheumatic Fever, Scoliosis, Shingles, Sinus Problems, Stroke, Ulcers / Colitis, Venereal Disease, Other

Please list any medications (prescriptions and non-prescriptions) you are currently taking.: \_\_\_\_\_

Please list any other serious medical condition(s) you have or ever had: \_\_\_\_\_

Please list anything that you may be allergic to: \_\_\_\_\_

List previous surgeries/treatments with dates: \_\_\_\_\_

List any past serious accidents/injuries/illnesses with dates: \_\_\_\_\_

List any fractures/broken bones: \_\_\_\_\_

Family Health History: \_\_\_\_\_

Other complaints: \_\_\_\_\_

Do you smoke/chew tobacco? If so, how much? \_\_\_\_\_ How long? \_\_\_\_\_

Do you drink alcohol / drugs? If so, how much? \_\_\_\_\_ How long? \_\_\_\_\_

Do you consume caffeine on a regular basis? Yes No / How much? \_\_\_\_\_

Describe your dietary habits: \_\_\_\_\_

Are you wearing: Heel Lifts Sole Lifts Inner Soles Arch Supports

Is your mattress supportive? Yes No Do you exercise? Rarely Frequently Routinely

Do you sleep on your Back Left side Right side Stomach

What types of exercise do you do? \_\_\_\_\_

Any other relative information: \_\_\_\_\_

Have you ever been treated by a Chiropractor before? Yes No

For women: Pregnant? Yes No / How far along? \_\_\_\_\_ Nursing? Yes No

Birth Control? Yes No If so, what? \_\_\_\_\_