

Belmar Chiropractic Clinic

Dan Maduff D.C.

PAST HEALTH HISTORY

Patient Name: _____ **Age:** _____

Please answer the following questions regarding your past health history. This will save time for your exam and treatment.

1) In the past 10-15 years have you suffered any serious injury or illness? ___ Yes ___ No

2) If YES, then please list the type of injury and the approximate date:

3) In the past 10-15 years have you been hospitalized for any reason? ___ Yes ___ No

4) If YES, the please list the reason for hospitalization and the approximate date:

5) Are you currently taking any prescription medications or over the counter meds? ___ Yes ___ No

6) If YES, please list them with the dosage and frequency you are taking them:

7) Do you have any allergies to drugs, food or environmental irritants?

8) Have you had any X-rays taken in the past 10 years (other than dental)? Please describe:

9) When was your last physical exam? (Women – last yearly) _____

10) Were there any significant findings from that exam? _____

FAMILY HEALTH HISTORY

11) Did your father or mother have any of the following?

Put an **M** for Mother, **F** for father and **B** for Both where applicable.

- | | |
|------------------------------|--|
| () High Blood Pressure | () Ulcer or Stomach Problems |
| () Heart Attack | () Stroke -- Please indicate age when stroke occurred,
Mother ____ Father ____ |
| () Congestive Heart Disease | () Elevated Cholesterol |
| () Emphysema | () Seizure-Convulsions |
| () Arthritis-Rheumatism | () Other Auto-immune disorders: _____ |
| () Asthma | () Mental Illness; Depression, Anxiety, Alzheimer's... |
| () Diabetes | () Thyroid Disease; hypo- or hyperthyroidism... |
| () Kidney Disease | () Circulation Problems |
| | () Cancer: Type: _____ |

-- Please Complete Personal/Social History on back --

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PERSONAL / SOCIAL HISTORY

The following questions are pertinent to your health history, give the doctor a more complete picture of overall health status and will help with directing treatment.

12) Are you currently married or in a relationship? ___ Yes ___ No

13) What is your occupation? _____

14) Are you currently engaged in an exercise program? ___ Yes ___ No

15) If YES, please describe what you currently do for exercise. Include time and frequency per week:

16) Please list a few of your personal interests, hobbies or sports (we can use these to track the progress of your functional status):

17) What is your sleep pattern like? Do you sleep soundly, toss and turn, wake several times a night, stay awake for hours... How many hours of sleep do you get regularly?

18) Do you smoke? ___ Yes ___ No If YES, how many packs per day for how many years? _____

19) How many alcoholic drinks do you consume per week? _____

Beer? _____ Wine? _____ Hard Alcohol / Mixed drinks? _____

20) What are your stress factors and what is your level of stress today (10 is the worst)?

-- Thank you **very** much for taking the time to answer these questions! --