

NAME _____

Date _____

Patient's Personal and Family Health History

It is important to read the following before filling out this form.

Any and all physical events that our body goes through leaves obvious and in most cases not so obvious findings. Therefore, it is important you take time and thoughtfully (as well as honestly) answer all the following questions. Even the ones you believe we have already verbally asked you.

1. Have you ever fractured any bones in your body at any time, ever?
(Please explain each with dates.)

2. How do you sleep?

_____ Stomach

_____ Very peacefully

_____ Side

_____ Restless

_____ Back

_____ Hours per night?

3. What are your favorite hobbies and activities? How often do you participate in them? (times per week/ hours per time)

4. How would you rate your energy level overall, prior to your present findings, on a scale of 0 to 10 (10 being the best)? _____

5. Do you ever experience headaches more than *one time per year*, if so, please describe, how often, location, and duration?

6. Is Mom still alive? yes or no. Is Dad still alive? yes or no.

- 6a. Please describe the reason for their passing, if applicable, or their current health status if they are living.

7. Once again, describe the current problem area you have consulted us for.

- 7a. When this current problem is at its absolute worst, in what ways does it interfere (reduce your productivity or effectiveness) with your daily activities?

8. When this problem is at its absolute worst, do you feel older than you actually are? How much older? _____
9. If this problem was left unattended for another five years, how do you think it would affect you? Would it just disappear?

10. On a scale of 0 to 10, 10 being the greatest you ever felt in your entire life, when would you say that it was you felt a 10? And what do you attribute that to?

11. On that same scale, when this problem has been at its absolute worst, where would you have rated yourself? _____
12. What are your current weekly exercise habits?

13. Do you or have you ever smoked? ____, how long? ____, # ___ of packs per day?

Posture is a window to your spine and a critical tool that all individuals on the planet will one day be taught to use to interpret spinal health. Postural distortions are a sign that subluxation may be present, which can put damaging pressure on nerves, causing one to have less than optimal health. A chiropractic examination and x-rays can be performed to confirm the presence of subluxations. Instruct your family members to stand with feet shoulder width apart. Nod head forward and back keeping eyes closed. Using the figures below, circle the arrows that demonstrate which way the head shifts, which shoulder is high, which way the hips shift, and which hip is high. Note any other postural concerns you have.

