Knafla Chiropractic Clinic
Patient Health History

Name ______________________ Date ______________

Please check to indicate if you **have/had** any of the following:

☐ AIDS/HIV	☐ Dizziness	☐ Hypertension	☐ Prostate problems
☐ Alcoholism	☐ Eating Disorder	☐ Kidney disease	☐ Prosthesis
☐ Anemia	☐ Epilepsy	☐ Liver disease	☐ Psychiatric care
☐ Ankle Swelling	☐ Excessive thirst	☐ Loss of balance	☐ Rheumatic Fever
☐ Arthritis	☐ Fainting	☐ Loss of sleep	☐ Ringing in ears
☐ Asthma	☐ Fatigue	☐ Menstrual cramps	☐ Sexually Transmitted Disease
☐ Bladder infection	☐ Fever	☐ Miscarriage	☐ Shortness of breath
☐ Bleeding Disorder	☐ Fractures	☐ Mononucleosis	☐ Stroke
☐ Bowel changes	☐ General stiffness	☐ Mulitple Sclerosis	☐ Thyroid problems
☐ Breast lump	☐ Glaucoma	☐ Nausea	☐ Tuberculosis
☐ Cancer	☐ Goiter	☐ Night sweats	☐ Tumors
☐ Chemical dependency	☐ Gout	☐ Numbness	☐ Ulcers
☐ Chest pain (cardiac)	☐ Headaches	☐ Osteoporosis	☐ Unintentional weight change
☐ Chronic cough	☐ Heart problems	☐ Pacemaker	☐ Vaginal infections
☐ Depression	☐ Heartburn	☐ Pins/Needles feeling in limbs	☐ Visual problem
☐ Diabetes	☐ Hernia	☐ Pneumonia	☐ Vomiting
☐ Diarrhea	☐ Herniated disc	☐ Polio	☐ Other
☐ Digestive problems	☐ High cholestrol	☐ Pregnancy	☐ ______________

Exercise	**Work Activity**	**Habits** Present	Past
☐ None	☐ Sitting		
☐ Light	☐ Standing	☐ Tobacco	☐ Packs/day: ______________
☐ Moderate	☐ Light labor	☐ Alcohol	☐ Drinks/week: ______________
☐ Strenuous	☐ Heavy labor	☐ Caffeine	☐ Cups/day: ______________
		☐ High stress	☐ Reason : ______________

☐ Are you pregnant? Due date: ______________

Past surgeries/hospitalizations	Date	**Medications**	**Supplements/Herbs/Vitamins**

Family History: Please check if anyone in your family has/had any of the following:

Condition	Relationship
☐ Arthritis	
☐ Cancer	
☐ Diabetes	
☐ Epilepsy	
☐ Headaches	
☐ Heart trouble	
☐ High Blood Pressure	
☐ Indigestion	
☐ Multiple Schlerosis	
☐ Poor circulation	
☐ Reproductive trouble	
☐ Stroke	
☐ Thyroid problems	
☐ Other	

Drug Allergies	**Mild / Moderate / Severe**

Doctor's additional comments

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