Case # _____

Brenham Chiropractic Clinic

Health History

Name:_____ Date:_____

Please select all choices that apply to the patient:

- ❑ Abdominal Pain
- ❑ Allergies
- ❑ Angina
- ❑ Anorexia
- ❑ Aortic Aneurysm
- ❑ Arthritis
- ❑ Asthma
- ❑ Blood Disorder
- ❑ Breast soreness
- ❑ Bulimia
- ❑ Cancer
- ❑ Colitis
- ❑ Convulsions
- ❑ Diabetes
- ❑ Dislocated joints
- ❑ Dizziness
- ❑ Emphysema
- ❑ Epilepsy
- ❑ Fainting
- ❑ Hay Fever
- ❑ Headaches
- ❑ Heart attacks
- ❑ Heart disease
- ❑ High Blood Pressure
- ❑ HIV/AIDS
- ❑ Irregular bowel habits
- ❑ Irregular menstrual
- ❑ Irritable colon
- ❑ Kidney disease
- ❑ Kidney stones
- ❑ Liver disease
- ❑ Low blood pressure
- ❑ Lung disease
- ❑ Multiple sclerosis
- ❑ Osteoporosis
- ❑ Painful urination
- ❑ PMS
- ❑ Polio
- ❑ Profuse Menstrual
- ❑ Prostate disease
- ❑ Rapid heart rate
- ❑ Rheumatic fever
- ❑ Scoliosis
- ❑ Sexually transmitted diseases
- ❑ Sickle cell anemia
- ❑ Sinus trouble
- ❑ Spinal disc disorder
- ❑ Stroke
- ❑ Thyroid disorder
- ❑ Tuberculosis
- ❑ Ulcer
- ❑ Vaginal discharge

Select all choices that apply to the patient's family (please do not include relations by marriage):

- ❑ Abdominal Pain
- ❑ Allergies
- ❑ Angina
- ❑ Anorexia
- ❑ Aortic Aneurysm
- ❑ Arthritis
- ❑ Asthma
- ❑ Blood Disorder
- ❑ Breast soreness
- ❑ Bulimia
- ❑ Cancer
- ❑ Colitis
- ❑ Convulsions
- ❑ Diabetes
- ❑ Dislocated joints
- ❑ Dizziness
- ❑ Emphysema
- ❑ Epilepsy
- ❑ Fainting
- ❑ Hay Fever
- ❑ Headaches
- ❑ Heart attacks
- ❑ Heart disease
- ❑ High Blood Pressure
- ❑ HIV/AIDS
- ❑ Irregular bowel habits
- ❑ Irregular menstrual
- ❑ Irritable colon
- ❑ Kidney disease
- ❑ Kidney stones
- ❑ Liver disease
- ❑ Low blood pressure
- ❑ Lung disease
- ❑ Multiple sclerosis
- ❑ Osteoporosis
- ❑ Painful urination
- ❑ PMS
- ❑ Polio
- ❑ Profuse Menstrual
- ❑ Prostate disease
- ❑ Rapid heart rate
- ❑ Rheumatic fever
- ❑ Scoliosis
- ❑ Sexually transmitted diseases
- ❑ Sickle cell anemia
- ❑ Sinus trouble
- ❑ Spinal disc disorder
- ❑ Stroke
- ❑ Thyroid disorder
- ❑ Tuberculosis
- ❑ Ulcer
- ❑ Vaginal discharge

The Patient exercises: ❑ Moderately ❑ Occasionally ❑ Rarely ❑ Regularly ❑ Never

The Patient smokes: ❑ 2+ packs per day, ❑ 2 packs per day, ❑ 1 pack per day, ❑ ½ pack or more, ❑ less than ½ pack ❑ Never smokes

The Patient uses alcohol: ❑ Excessively, ❑ Moderately, ❑ Occasionally, ❑ Rarely, ❑ Never

Medication the patient is currently taking:

- ❑ Analgesics
- ❑ Anti-inflammatory
- ❑ Birth control
- ❑ Hypertension
- ❑ Muscle relaxants
- ❑ No non-prescription medication
- ❑ No prescription medications
- ❑ Tranquilizers
- ❑ Psychotropic medication
- ❑ Vitamin supplements

Allergies—Please mark all that apply:

- ❑ Animal Dander
- ❑ Dairy products
- ❑ Dust
- ❑ Latex
- ❑ Penicillin
- ❑ Perfumes
- ❑ Pollen
- ❑ Secondary smoke
- ❑ Sulfa drugs
- ❑ No known allergies

Case # _____

Past Surgical History: Dates:_____

Type_____ **Where**_____ **Surgeon**_____

Hospitalizations: Dates:_____

Cause_____ **Problems remaining:** _____

_____

_____

_____

❑ *Family Health History*

Select all choices that apply to your family (please do not include relations by marriage).

	Mother	Father	Siblings	Cousins	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather
Congestive heart faliure	☐	☐	☐	☐	☐	☐	☐	☐
Emphysema	☐	☐	☐	☐	☐	☐	☐	☐
Chronic bronchitis	☐	☐	☐	☐	☐	☐	☐	☐
Blindness	☐	☐	☐	☐	☐	☐	☐	☐
Deafness	☐	☐	☐	☐	☐	☐	☐	☐
Diabetes Mellitus Type I	☐	☐	☐	☐	☐	☐	☐	☐
Diabetes Mellitus Type II	☐	☐	☐	☐	☐	☐	☐	☐
Asthma	☐	☐	☐	☐	☐	☐	☐	☐
Ulcers or GI bleeding	☐	☐	☐	☐	☐	☐	☐	☐
Arthritis or Rheumatism	☐	☐	☐	☐	☐	☐	☐	☐
Sciatica/chronic low back pain	☐	☐	☐	☐	☐	☐	☐	☐
High blood pressure	☐	☐	☐	☐	☐	☐	☐	☐
Angina	☐	☐	☐	☐	☐	☐	☐	☐
Heart attack	☐	☐	☐	☐	☐	☐	☐	☐
Stroke	☐	☐	☐	☐	☐	☐	☐	☐
Kidney disease	☐	☐	☐	☐	☐	☐	☐	☐
Cancer	☐	☐	☐	☐	☐	☐	☐	☐
Depression	☐	☐	☐	☐	☐	☐	☐	☐
Thyroid disease	☐	☐	☐	☐	☐	☐	☐	☐
Seizures	☐	☐	☐	☐	☐	☐	☐	☐
Relatives still living	☐	☐	☐	☐	☐	☐	☐	☐
Relatives in good health	☐	☐	☐	☐	☐	☐	☐	☐

Blindness was caused by:

- ❑ Cataracts
- ❑ Congenital absence of ability
- ❑ Glaucoma
- ❑ Trauma

Deafness was caused by:

- ❑ Congenital absence of ability
- ❑ Meniere's disease
- ❑ Otic cancer
- ❑ Trauma

No one in my family has had:

- ❑ Cancer
- ❑ Diabetes
- ❑ Thyroid disorders
- ❑ Heart disease
- ❑ Stroke
- ❑ High blood pressure
- ❑ Asthma
- ❑ Seizures
- ❑ Liver dysfunction
- ❑ Kidney pathologies
- ❑ **Any of the above**