Health History Assessment

Check the following boxes: 1 = Light/Occasional 2 = Moderate 3 = Severe/Constant P = Problem in past (If no, leave blank)

GENERAL	1	2	3	P
Fever				
Pain / aching:				
Where:				
Describe (sharp, dull etc.):				
How long:				
Under what conditions:				
Fatigue				
Under what conditions:				
How long:				
Swollen glands				
General weakness				
Frequent colds or infections				
SKIN				
Cuts heal slowly				
Bruise easily				
Rash				
Eczema, psoriasis				
Pigmentation / brown spots				
Fungus infection on toes or elsewhere				
Changing moles				
Acne / pimples				
Nails split or ridged				
Crawling sensation				
Burning on bottom of feet				
Peeling or cracking skin on feet				
Other skin problems				
HEAD				
Poor concentration				
Confusion				
Headaches				
Where (front, back, etc.):				
When (after eating, morning, etc.):				
Mental sluggishness				
Poor memory / forgetfulness				
Indecisive				
Face twitch				
Hair loss				
Head pressure				
EARS				
Pain / aching in ears				
Ear infections				
Ringing / buzzing				
Itcing in ear canal				
Itcing & redness when wearing earrings				
Deafness				
DENTAL				
Metal amalgam fillings				
Root canals				
Bridges in mouth				
Crowns/caps				
Material used:				
Sensitive teeth				
Braces/retainer				
How long:				

NOSE AND SINUSES	1	2	3	P
Stuffy / blocked nose				
Runny nose				
Sinus infection				
Nasal polyps				
Sinus pain				
MOUTH				
Bad breath				
Coated tongue				
Sore tongue				
Bleeding gums				
Canker sores				
THROAT				
Need to clear throat / mucus				
Difficulty swallowing				
Hoarseness				
Tonsilitis				
Soreness				
Enlarged glands				
NECK				
Stiffness				
Swelling				
Lumps				
CIRCULATION				
Swollen ankles				
Sensitive to heat				
Sensitive to cold				
Extremities cold or clammy				
Hands and feet go to sleep / numb				
High blood pressure				
Low blood pressure				
Chest pain				
Dizziness on arising				
Dizziness, faintness				
High cholesterol				
Numbness				
Irregular or pounding heartbeat				
Varicose veins				
Angina (heart / chest pain)				
Enlarged heart				
Heart murmur				
Phlebitis				
Swollen glands				
Difficulty sweating				
Night sweats				
ELECTROMAGNETIC RADIATION				
Live under or near power lines				
Work with computers				
Use a waterbed or electric blanket				
Use a cellular or portable phone				
Frequent x-rays				
Other radiation exposure				
Describe:				

Health History Assessment

EYES	1	2	3	P
Gritty feeling in eyes / dry eyes				
Blurred vision				
Double vision				
Poor night vision				
Bright flashes				
Halos around lights				
Eye pains				
Dark circles under eyes				
Sensitive to sunlight or strong light				

REPRODUCTIVE / GENITALIA	1	2	3	P
Male:				
Lump in testicles				
Sore on penis				
Penis discharge				
Erection problem				
Diminished sex desire				
Hernia				
Female:				
Fibroids in breasts				

Wear sunglasses				
Watery eyes				
Cataracts				
Floaters in eyes				
Blindness				
Glaucoma				
GASTROINTESTINAL / DIGESTION				
Ulcers				
Poor appetite				
Excessive appetite				
Gallbladder attacks or stones				
Nervous stomach				
Sweets upset				
Indigestion				
Heartburn				
Nausea				
Vomiting				
Vomiting blood				
Abdominal pains or cramps				
Bloating / abdominal distention				
Gas				
Diarrhea				
Constipation				
Alternating constipation and diarrhea				
Bowel habit changes				
Rectal bleeding				
Tarry stools				
Laxatives used often				
Incomplete bowel evacuation				
Colon or bowel trouble				
Abnormal stomach x-ray				
Appendicitis				
Rectal itch				
Hemorrhoids				
KIDNEYS / URINARY TRACT				
Burning urination				
Frequent urination				
Blood in urine				
Cloudy urine				
Nighttime urination				
Problem passing urine				
Trouble controlling urine / incontinence				
Kidney pain (mid-back)				
Kidney stones				
Kidney infection				
BIRTHING FACTORS - WERE YOU:				
Cesarean section (C-section)				
Premature				
Forceps delivery				
Breast fed				

Breast lumps				
Nipple discharge				
Vaginal itching				
Vaginal discharge				
Non-period bleeding, spotting				
Hot flashes				
Diminished sex desire				
Pain with intercourse				
Change in periods				
Pain other than with periods				
Endometriosis				
Menstrual cramps				
Possible pregnancy				
Infertilitiy, difficulty getting pregnant				
STRUCTURAL				
Head injury				
Concussion				
Whiplash				
Neck stiffness				
Low back stiffness				
Joint pains				
Joint swelling				
Muscle weakness				
Muscle lumps / swelling				
Muscle stiffness				
Bump on bones				
Damp weather causes aching				
Mobility problems				
Tightness or pain between shoulder blades				
Feel like head is in front of body				
Harder to move neck in one direction				
Wallet in hip pocket habitually				
Heavy purse over shoulder habitually				
Body or face not symmetrical				
Pain or popping in jaw				
Other structural injury:				
RESPIRATION				
Wheezing				
Low exercise tolerance/Exercise-induced asthma				
Frequent coughing				
Cough up blood				
Pain when breathing deeply				
Breathing heavily				
Sigh frequently				
Inability to take a deep breath				
Asthma				
Chronic bronchitis				
Emphysema				
Shortness of breath				
Tuberculosis				

Health History Assessment

NUTRITIONAL	**1**	**2**	**3**	**P**
Craving for sweets/fruit				
Craving for vinegar/ketchup				
Craving for bread/starches/pasta				
Craving for fatty foods				
Craving for spicy foods				
Craving for salt				
Craving for coffee/tea/cola (caffeine)				
Craving for alcohol				
Abnormal thirst				
Sleepy after meals				
Pain after meals				
Irritable before meals				
Poor smell / taste				
Appetite loss, anorexia				
Weight gain				
Difficulty losing weight even on diet				
Weight loss				
Difficulty gaining or maintaining weight				
Bulimia (binge / purge)				
ALLERGIES/SENSITIVITIES				

NEURO-MUSCULAR	**1**	**2**	**3**	**P**
Can't go to sleep				
Can't stay asleep				
Sleep too much				
Speech problem				
Leg or arm weakness				
Balance problems				
Muscle cramping				
Shaking, twitching				
OTHER MEDICAL PROBLEMS (Infections/Illnesses)				
AIDS				
Anemia				
Arthritis				
Cancer				
Cirrhosis of the liver				
Diabetes				
Gout				
Goiter				
Hay fever				
Heart attack				
Hepatitis				

Pollen (Environmentals)					Monoculeosis					
Mold					Obesity					
Smoke					Parasites					
Dust					Poor blood clotting					
Cologne					Polio					
Metals (cheap jewlery)					Stroke					
Penicillin					Thyroid overactive					
Sulfa drugs (antibiotics)					Thyroid underactive					
Foods (list)					Warts					
					Yeast infection/Thrush on tongue					
PSYCHOLOCIAL										
Emotional trauma in the past year?					**BROKEN BONES (list)**					
Feeling that life is unsatisfactory					**1**					
Feeling that life is boring					**2**					
Feeling that life is demanding and stressful					**3**					
Worry about home life, relationship, children					**4**					
Worry about health					**5**					
Worry about job, income, money					**6**					
Depression					**MEDICATIONS CURRENTLY ON (list)**	**WHAT FOR?**				
Anxiety					**1**					
Phobias, irrational fears					**2**					
Irritability					**3**					
Anger					**4**					
Shyness, timidity					**5**					
Cry often or easily					**6**					
Feel inferior					**7**					
Have you considered or attempted suicide					**8**					
Nervous breakdown					**NUTRITION CURRENTLY TAKING (list)**	**WHAT FOR?**				
					1					
PERSONAL HABITS					**2**					
Smoke cigarettes: How many packs a day? ( )					**3**					
If quit smoking, how many years ago? ( )					**4**					
Chew tobacco					**5**					
Cofee: How many cups a day? ( )					**6**					
Drink alcohol: How much a day? ( )					**SURGERIES/HOSPITALIZATIONS (list)**	**DATE:**				
Recreational drugs					**1**					
Type:					**2**					
					3					
Drink water					**4**					
Drink soft drinks					**5**					
Exercise					**6**					**Page 4**

Health History Assessment

ALCHEMY|healing studio
Dr. Adam D. Fogelman
Chiropractic Kinesiologist

Definition:

1. A medieval chemical science and speculative philosophy aiming to achieve the transmutation of the base metals into gold.
2. *The discovery of a universal cure for disease and the discovery of a means of indefinitely prolonging life.*
3. A power or process of transforming something common into something special.

First Name:	Last Name:	Date:
Email:	Birth Date:	Age:
Mailing Address:	City:	State:
Home Phone #	Cell Phone #	Zip:
Credit Card #	Expiration Date: Security Code:	
Occupation:	Employer:	
Work Phone #	Emergency Contact/Phone #	
Spouse's Name:	Spouse's Cell Phone #	
Spouse's Occupation:	Spouse's Employer:	
Referred By/Relation:	Have you ever been adjusted by a Chripractor? **Y N**	

Please list you top 5 current complaints:
1
2
3
4
5

Have you ever lived in or visited a 3rd world country? (If so, list where, when and for how long)
Does any of your work history include exposure to chemicals, fumes, pesticides, metals, heavy lifting, electro-magnetic & other radiation, asbestos, high stress, or anything else health related? (If so, describe and give dates)
Please list any trauma you've had recently or in the past & give dates. (Car accident, fall, concussion, whiplash)