# Dynamic Life Chiropractic

## Health History

Name: _____ File #: _____

Description of primary health concern(s):

_____

_____

When (# of months or years) did you first start experiencing this issue? _____

Why did this begin? _____

You experience this issue: ▫ Constantly ▫ Daily ▫ Weekly ▫ Monthly ▫ Irregularly (explain) _____

_____

When present, how long does it last? (give a number or range) Hours_____ Days _____ Vary(explain) _____

_____

What area is involved: _____

Please describe as: ▫ Ache ▫ Stiff ▫ Tight ▫ Spasm ▫ Sharp ▫ Numbness ▫ other(list)

_____

_____

When you have this issue, the discomfort/pain involved:

- ▫ is localized
- ▫ originates from another location (where) _____
- ▫ travels to another location (where) _____

Are there things that make the condition:

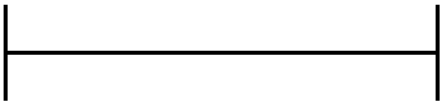
Better: _____

Worse: _____

On the scales below, please draw vertical lines (intersecting the horizontal lines) that represent the level of discomfort you have at the specified times:

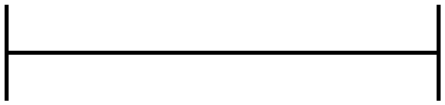
Rate the pain you have right <u>now</u>:

No Pain Unbearable Pain



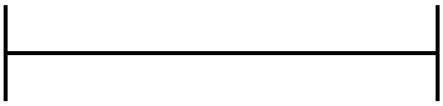
Rate your pain at it's <u>best</u> in the past week:

No Pain Unbearable Pain



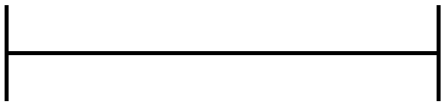
Rate your <u>average</u> pain in the past week:

No Pain Unbearable Pain



Rate your <u>worst</u> pain in the past week:

No Pain Unbearable Pain



## Review of Systems

**-Check all that apply-**

**General**
- ▫ Pain/Discomfort
- ▫ Performance
- ▫ Posture
- ▫ Prevention
- ▫ Mobility
- ▫ Energy
- ▫ Motor vehicle accident
- ▫ Work-related injury
- ▫ Other _____

**Cardiovascular System**
- ▫ Low blood pressure
- ▫ High blood pressure
- ▫ Chest pain
- ▫ Fainting
- ▫ Swollen limbs
- ▫ Short breath
- ▫ Varicose veins

**Skin**
- ▫ Itching
- ▫ Rash/Redness
- ▫ Cold hands/feet
- ▫ Nose bleeding

**Sight**
- ▫ Hyperopia (farsighted)
- ▫ Myopia (nearsighted)
- ▫ Blurred vision or presbyopia

**Hearing**
- ▫ Tinnitus/ringing in ears
- ▫ Deafness (one ear or both)

**Musculo-Skeletal System**
- ▫ Headaches
- ▫ Migraines
- ▫ Arm pain
- ▫ Leg pain
- ▫ Neck pain
- ▫Mid-back pain
- ▫ Low-back pain
- ▫ Hand pain
- ▫ Foot pain

**Touch & Sensations**
- ▫ Numbness
- ▫ Dizziness
- ▫ No sensation in a limb
- ▫ Tremors

**Respiratory System**
- ▫ Allergies
- ▫ Asthma
- ▫ Frequent colds
- ▫ Sinusitis
- ▫ Frequent coughing

**Reproductive System (Men)**
- ▫ Testicular pain
- ▫ Erectile dysfunction
- ▫ Prostate problems

**Reproductive System (Women)**
- ▫ Abundant menses
- ▫ Menstrual pain
- ▫ Pre-Menopause symptoms

**Digestive System**
- ▫ Bloating/gas
- ▫ Diarrhea
- ▫ Constipation
- ▫ Rapid weight gain
- ▫ Rapid weight loss
- ▫ Heartburn
- ▫ Ulcers

**Endocrine System**
- ▫ Diabetes
- ▫ Hypoglycemia
- ▫ Thyroid problems
- ▫ Other

**Urinary System**
- ▫ Kidney Stones
- ▫ Frequent urge to urinate

**Wellness**
- ▫ Depression
- ▫ Fatigue
- ▫ Insomnia
- ▫ Irritability

**Childhood Diseases**
- ▫ Pertussis
- ▫ Measles
- ▫ Mumps
- ▫ Scarlet Fever
- ▫ Chickenpox

**Infectious Diseases**
- ▫ Cholera
- ▫ Yellow fever
- ▫ Typhoid fever
- ▫ AIDS/HIV
- ▫ Tuberculosis

**Chronic Diseases**
- ▫ Rheumatoid Arthritis
- ▫ Emphysema
- ▫ Seizures
- ▫ Fibromyalgia
- ▫ Goiter
- ▫ Hepatitis
- ▫ Chronic Fatigue Syndrome
- ▫ Herniated disc
- ▫ Osteoporosis
- ▫ Parkinson's
- ▫ Multiple Sclerosis

**Blood Abnormalities**
- ▫ High cholesterol
- ▫ Anemia

**Psychological Imbalances**
- ▫ Alcoholism
- ▫ Anorexia/Bulimia
- ▫ Drug Dependence
- ▫ Psychiatric care
- ▫ Suicide attempt

**Cancer**
- ▫ Intestinal
- ▫ Ovarian
- ▫ Prostate
- ▫ Skin
- ▫ Lung
- ▫ Breast
- ▫ Uterine

## Lifestyle

**-Check your best answer-**

| | | | | |
|---|---|---|---|---|
| 1. Do you smoke? | ▫ Everyday | ▫ Occasionally | ▫ Never | |
| 2. Do you drink alcohol? | ▫ Everyday | ▫ Occasionally | ▫ Never | |
| 3. Do you exercise or play sports? | ▫ Regularly | ▫ Occasionally | ▫ Never | |
| 4. Do you drink coffee or caffeinated beverages? | ▫ Everyday | ▫ Occasionally | ▫ Never | |
| 5. How many hours of sleep do you normally get? | ▫ 6-8 | ▫ 8-10 | ▫ 10 or more | |
| 6. Do you eat regularly? | ▫ 1 meal/day, sometimes 2 | ▫ 2 meals/day, sometimes 3 | ▫ 3 meals/day | ▫ 3+/day |
| 7. Do you drink water regularly? | ▫ Almost never | ▫ 1-2 glasses | ▫ 3-6 glasses | ▫ 6 + glasses |
| 8. How would you rate your stress level? | ▫ Very stressed | ▫ Stressed | ▫ Slightly stressed | ▫ No stress |

## Trauma

**-Check your best answer-**

1. Have you ever been in a car accident? ▫ Never ▫ 1-2 small accidents ▫ A few small accidents ▫ 1-2 major accidents ▫ A few major accidents

2. Did you ever have a work injury? ▫ Never ▫ 1-2 small injuries ▫ A few small injuries ▫ 1-2 major injuries ▫ A few major injuries

3. Did you ever have a sports injury? ▫ Never ▫ 1-2 small injuries ▫ A few small injuries ▫ 1-2 major injuries ▫ A few major injuries

**Health Care Practitioners**

**-Check your best answer-**

1. Chiropractor: ▫ Never consulted ▫ More than 5 years ago ▫ Between 1 & 5 years ago ▫ 1 year ago or less

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2. Medical Physician: ▫ Never consulted ▫ More than 5 years ago ▫ Between 1 & 5 years ago ▫ 1 year ago or less

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3. Medical Specialist: ▫ Never consulted▫ More than 5 years ago ▫ Between 1 & 5 years ago ▫ 1 year ago or less

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4. Dentist: ▫ Never consulted ▫ More than 5 years ago ▫ Between 1 & 5 years ago ▫ 1 year ago or less

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5. Dental Specialist: ▫ Never consulted ▫ More than 5 years ago ▫ Between 1 & 5 years ago ▫ 1 year ago or less

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6. Physical Therapist: ▫ Never consulted ▫ More than 5 years ago ▫ Between 1 & 5 years ago ▫ 1 year ago or less

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7. Osteopath: ▫ Never consulted▫ More than 5 years ago ▫ Between 1 & 5 years ago ▫ 1 year ago or less

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8. Acupuncturist: ▫ Never consulted▫ More than 5 years ago ▫ Between 1 & 5 years ago ▫ 1 year ago or less

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9. Homeopath: ▫ Never consulted▫ More than 5 years ago ▫ Between 1 & 5 years ago ▫ 1 year ago or less

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10. Traditional Chinese Practitioner: ▫ Never consulted ▫ More than 5 years ago ▫ Between 1 & 5 years ▫ 1 year ago or less

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11. Podiatrist: ▫ Never consulted ▫ More than 5 years ago ▫ Between 1 & 5 years ago ▫ 1 year ago or less

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12. Massage Therapist: ▫ Never consulted ▫ More than 5 years ago ▫ Between 1 & 5 years ago ▫ 1 year ago or less

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