

# Lifestyle Chiropractic

Below are lists of diseases which may seem unrelated to the purpose of your appointment. However, these questions must be answered carefully as these problems can affect your overall course of care.

Check any of the following diseases you have had:

- Pneumonia
- Polio
- Rheumatic Fever
- Tuberculosis
- Whooping Cough
- Anemia
- Measles
- Mumps
- Small Pox
- Chicken Pox
- Diabetes
- Cancer
- Heart Disease
- Thyroid
- Influenza
- Pleurisy
- Arthritis
- Epilepsy
- Mental Disorders
- Lumbargo
- Eczema

**Intake**

- Coffee
- Tea
- Alcohol
- Cigarettes
- White Sugar

Have you been tested HIV  
Positive? \_\_\_Yes \_\_\_No

**Check any of the following you have had the past 6 months:**

- Low Back Pain
- Pain Between Shoulders
- Neck Pain
- Arm Pain
- Joint Pain/Stiffness
- Walking Problems
- DifficultChewing/Clicking Jaw
- General Stiffness
- Gas/Bloating After Meals
- Heartburn
- Black/Bloody Stool
- Colitis

**Nervous System Code**

- Nervous
- Numbness
- Paralysis
- Dizziness
- Forgetfulness
- Confusion/Depression
- Fainting
- Convulsions
- Cold/Tingling
- Extremities
- Stress

**General Code**

- Fatigue
- Allergies
- Loss of Sleep
- Fever
- Headaches

**Gastro-Intestinal Code**

- Poor/Excessive Appetite
- Excessive Thirst
- Frequent Nausea
- Vomiting
- Diarrhea
- Constipation
- Hemorrhoids
- Liver Problems
- Gall Bladder Problems
- Weight Trouble
- Abdominal Cramps

**Genito-Urinary Code**

- Bladder Trouble
- Painful/Excessive Urination
- Discolored Urine

**C-V-R Code**

- Chest Pain
- Short Breath
- Blood Pressure Problems
- Irregular Heartbeat
- Heart Problems
- Lung Problems/Congestion
- Varicose Veins
- Ankle Swelling
- Stroke

**EENT Code**

- Vision Problems
- Dental Problems
- Sore Throat
- Ear Aches
- Hearing Difficulty
- Stuffed Nose

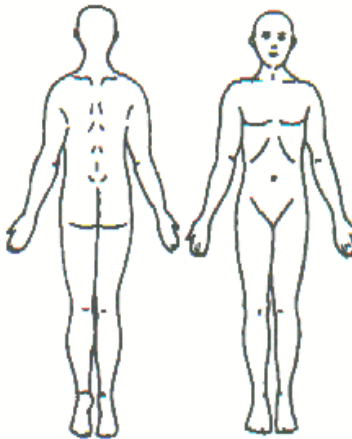
**Male/Female Code**

- Menstrual Irregularity
- Menstrual Cramps
- Vaginal Pain/Infection
- Breast Pain/Lumps
- Prostate/Sexual Dysfunction
- Other Problems
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Females Only:**

When was your last period?  
\_\_\_\_\_

Are you Pregnant? \_\_\_Yes  
\_\_\_No \_\_\_Not Sure



Please outline on  
the diagram above the  
area of your discomfort.

**Family History**

The following members have a same or similar problem as I do:

- Mother
- Father
- Brother
- Sister
- Spouse
- Child

Please Do Not Write Inside Box

Analysis:

Diagnosis:

Patient Accepted: \_\_\_Yes \_\_\_No

Doctor's Signature \_\_\_\_\_