

Five Points Chiropractic Patient History

Please acknowledge any diseases you have had.

Alcoholism	Diabetes	Malaria	Rheumatic Fever
Anemia	Eczema	Measles	Scarlet Fever
Appendicitis	Epilepsy	Mental Disorder	Tuberculosis
Arthritis	Goiter	Pleurisy	Venereal Infection
Cancer	Heart Disease	Pneumonia	
Chicken Pox	Influenza	Polio	

Please circle any symptoms you currently have. Please check symptoms you have had in the past.

General Symptoms

Allergy
Chills
Convulsions
Dizziness
Fainting
Fatigue
Fever
Headache
Loss of Sleep
Loss of Weight
Nervousness
Numbness or pain in Hands, arms, or legs
Sweats
Wheezing

Genitourinary

Bed Wetting
Blood in Urine
Frequent Urination
Inability to control Urination
Kidney Infection
Kidney Stones
Painful Urination
Prostrate Trouble
Pus in Urine

Ears, Nose, Throat

Asthma
Crossed Eyes
Deafness
Ear Noises
Enlarged Glands
Eye Pain
Eye Pain
Frequent Colds
Hay Fever
Hoarseness
Nasal Drainage
Nose Bleeds

Skin

Bruises Easily
Dryness
Hives or Allergy
Itching

Respiratory

Chest Pain
Chronic Cough
Difficulty Breathing
Spitting up Blood
Spitting up Phlegm

Muscle, Joint Symptoms

Backache
Faulty Posture
Foot Trouble
Pain B/W Shoulders
Painful Tail Bone
Painful Tail Bone
Spinal Curvatures
Stiff Neck
Swollen Joints
Tremors

Gastrointestinal Symptoms

Belching or Gas
Colon Trouble
Constipation
Diarrhea
Difficult Digestion
Distention of abdomen
Excessive Hunger
Hemorrhoids (piles)
Nausea
Pain Over Stomach
Poor Appetite

Cardio-Vascular

Hardening of arteries
High Blood Pressure
Low Blood Pressure
Poor Circulation
Previous Heart Stroke
Rapid Beating Heart
Slow Beating Heart
Swelling of Ankles

For Women Only

Are you Pregnant?
Yes or No
Backache
Cramps
Excessive Flow
Excessive Pain during menstrual period
Irregular Cycle