

Brighton Campus Chiropractors, L.L.C.

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Below is a list of diseases that 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 chiropractic care.

CHECK ANY OF THE FOLLOWING DISEASES YOU HAVE HAD:

- Pneumonia
- Rheumatic Fever
- Polio
- Tuberculosis
- Whooping Cough
- Anemia
- Measles

- Mumps
- Small Pox
- Chicken Pox
- Diabetes
- Cancer
- Heart Disease
- Thyroid Disease

- Influenza
- Pleurisy
- Arthritis
- Epilepsy
- Mental Disorder
- Low back pain
- Eczema

INTAKE:

- Coffee
- Tea
- Alcohol
- Cigarettes

CHECK ANY OF THE FOLLOWING YOU HAVE HAD IN THE PAST 6 MONTHS:

MUSCULO-SKELETAL CODE

- Low Back Pain
- Pain Between Shoulders
- Neck Pain
- Arm Pain/Leg Pain
- Joint Pain/ Stiffness
- Walking Problems
- Difficulty Chewing/ Clicking Jaw
- General Stiffness

GENITO-URINARY CODE

- Bladder Trouble
- Painful/Excessive Urination
- Discolored Urine

FEMALES ONLY

When was your last period?

Are you pregnant? **Yes/ No**

NERVOUS SYSTEM CODE

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

C-V-R CODE

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

GASTRO-INTESTINAL CODE

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

GENERAL

- Fatigue
- Allergies
- Loss of Sleep
- Fever

EENT CODE

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

MALE/ FEMALE CODE

- Menstrual Irregularity
- Menstrual Cramping
- Vaginal Pains/ Infection
- Breast Pain/ Lumps
- Prostrate/ Sexual Dysfunction

Patient Name (Print): _____

Patient Signature _____ **Date:** _____

FAMILY HEALTH HISTORY

Please review the below listed diseases and conditions and indicate those that are current health problems of a family member by the designation **C** under his/her column. The designation **P** should be used to indicate a past problem. Leave blank those spaces that do not apply.

Note: M= Mother, F= Father, S= Sister, B= Brother

	Age	Age	Age	Age	Age	Age
Arthritis						
Back Trouble						
Bursitis						
Disk Problems						
Headaches						
Migraine						
Neuritis						
Pinched Nerve						
Scoliosis						
Nervousness						
Emotional Problems						
Epilepsy						
Insomnia						
Asthma-Hay Fever						
Cancer						
Constipation						
Diabetes						
Emphysema						
Heart Trouble						
High Blood Pressure						
Kidney Trouble						
Sinus Trouble						
Stomach Trouble						
Other:						

Patient Name (Print): _____

Patient Signature: _____

Date: _____