Bowers Family Chiropractic, PC — *Personal and Family Health History*

Name _____

Date _____#_____

Address_____

City _____ State _____ Zip _____

Phone: (H) _____(W) _____

E-mail _____

Date of Birth_____Age _____

Referred By _____

Social Security # _____

Occupation _____

Employer _____

Marital Status S M D W

Spouse's Name _____

Spouse's Occupation _____

You deserve to be healthy. Life is a miracle and so are you. When you were created, you were given all the blue-prints, intelligence, tools, and systems to live an active healthy life. Unfortunately, your health can be interfered with through accidents and challenges that cause a disruption to your health expression. Through your examination and through your lifetime involvement in chiropractic care, we will work to remove these interferences to your natural health expression so that you can live the quality of life you deserve.

Current Health Condition

Present complaint (be brief). Reason for your visit today_____

_____

Pain or problem started when_____

Pains are: ❒ Sharp ❒ Dull ❒ Constant ❒ Intermittent

What activities aggravate your condition/pain? _____

What activities lessen your condition/pain? _____

Is condition worse during certain times of the day? _____

Is this condition interfering with work? _____ Sleep? _____ Routine? _____ Other? _____

Is this condition getting progressively worse? _____

Other doctors seen for this condition _____

Any home remedies? _____

Other symptoms:

❒ Headaches	❒ Neck Stiffness	❒ Loss of Memory	❒ Feet Cold
❒ Neck Pain	❒ Pins & Needles in Legs	❒ Ears Ringing	❒ Hands Cold
❒ Back Pain	❒ Pins & Needles in Arms	❒ Fever	❒ Stomach Upset
❒ Nervousness	❒ Numbness in Fingers	❒ Fainting	❒ Constipation
❒ Tension	❒ Numbness in Toes	❒ Cold Sweats	❒ Loss of Balance
❒ Irritability	❒ Fatigue	❒ Loss of Smell	❒ Buzzing in Ear
❒ Chest Pains	❒ Depression	❒ Loss of Taste	
❒ Dizziness	❒ Light Bothers Eyes	❒ Diarrhea	

Have you been under drug and medical care? _____

_____

What medications are you taking? _____

_____

How Long? _____ Have you had surgery? _____ What? _____ When?_____

What side effects have you experienced from the drugs and surgery? _____

_____

Is there a family history of:

	Heart Disease	Arthritis	Cancer	Diabetes	Other _____
Father's Side	❒	❒	❒	❒	Other_____
Mother's Side	❒	❒	❒	❒	Other_____

	Patient	Spouse	Child#1	Child#2	Child #3	Chiropractor's
Circle all that Apply						***Comments***
1. Growth and Development						
Did you ever once...						
Fall out of bed?	Y	Y	Y	Y	Y	_____
Have childhood sickness?	Y	Y	Y	Y	Y	_____
Have any accidents?	Y	Y	Y	Y	Y	_____
Have surgery?	Y	Y	Y	Y	Y	_____
Take drugs?	Y	Y	Y	Y	Y	_____
Be bullied by your siblings?	Y	Y	Y	Y	Y	_____
Have a chair pulled out when sitting?	Y	Y	Y	Y	Y	_____
Fall down the stairs?	Y	Y	Y	Y	Y	_____
Experience other traumas?	Y	Y	Y	Y	Y	_____
2. Current Health Habits						
Did/do you...						
Smoke?	Y	Y	Y	Y	Y	_____
Drink alcohol?	Y	Y	Y	Y	Y	_____
Diet (do you eat unhealthy?)	Y	Y	Y	Y	Y	_____
Have surgery and organs replaced/removed?	Y	Y	Y	Y	Y	_____
Do drugs? (Prescriptive or Non-Presc.)	Y	Y	Y	Y	Y	_____
Exercise regularly?	Y	Y	Y	Y	Y	_____
Have sleeping problems?	Y	Y	Y	Y	Y	_____
Have occupational stress?	Y	Y	Y	Y	Y	_____
Have physical stress?	Y	Y	Y	Y	Y	_____
Have mental stress?	Y	Y	Y	Y	Y	_____
Have hobbies/sports injuries?	Y	Y	Y	Y	Y	_____
Sleeping posture – side–stomach–back	_____	_____	_____	_____	_____	_____

Do you have children? Yes ☐ No ☐

Number of Children and Ages *(List those 0-18 yrs. of age.)* ***Previous Chiropractic Care?***

Name _____ Age _____ Yes___ No___ Reason _____
Name _____ Age _____ Yes___ No___ Reason _____
Name _____ Age _____ Yes___ No___ Reason _____
Name _____ Age _____ Yes___ No___ Reason _____

Do they get earaches, allergies, headaches, frequent colds (more than 4 per year), asthma, bronchitis or any other problems?
Yes ☐ No ☐ The reason I ask…"The spine is the most neglected part of children's health".

Upon the completion of your first visit, you will receive a information discussing the different types of Active Life Plans that are available to you. Chiropractic Active Life Plans are designed to help get you feeling better quickly and to help you and your family be as healthy as possible. Please review the explanations of the Chiropractic Active Life Plans prior to your Chiropractic Report appointment so you can choose the level of participation that supports you in reaching all of your health goals.

As a result of my chiropractic care, I would like to (Please check all that apply)

- ❒ Feel better quickly
- ❒ Have a healthier spine
- ❒ Have a healthier body by keeping my nerve system healthy
- ❒ Live a healthier lifestyle

Comments -- _____

As a courtesy to Medicare patients, we will file a Medicare form to Medicare. If a Medicare patient, I authorize you to release my information and records to Medicare. _____ In all other cases where a patient has insurance, we will provide a Super Bill that you may file for reimbursement from your insurance company.

I have been informed that I may ask to see a copy of the "Notice of Privacy Practices for Protected Health Information". I understand that if I so request I will be given a copy of this information. I also understand that if I have given (or will give in the future) a written testimony as to my health care with Bowers Family Chiropractic, PC, I give permission for them to share this information in whatever manner they deem appropriate.

I further understand this office utilizes an "open-adjusting" environment for ongoing patient care. "Open adjusting" may involve several patients being seen in the same adjusting room at the same time. Patients may be within sight of one another and some ongoing routine details of care may be discussed within earshot of other patients. This environment is used for ongoing care and is NOT the environment used for taking histories, providing examinations or presenting reports of findings (These are completed in a private confidential setting). If you choose not to be adjusted in an open-adjusting environment, other arrangements will be made for you – you just need to inform the front desk.

_____ _____
Signature Date