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HEALTH HISTORY

What other treatments have you had for this condition?

- Chiropractic Orthopedic Neurologist Physical Therapy Medication Surgery

Name of other doctors who have treated you for this condition

Describe the other doctor's treatment for your condition

Previous Chiropractic care? No Yes Date Local Out of state

Date of Last: Physical Exam Spinal x-ray MRI

Spinal Exam Dental x-ray CT- Scan

List any Medications you are taking

Vitamins / Herbs / Minerals

Females: Are you Pregnant Yes No Beginning of last menstrual cycle

Check any of the following conditions you have had:

- AIDS/HIV Allergies Anxiety/Depression Arm/shoulder pain Arthritis Asthma Bladder problems Cancer Chronic fatigue Deafness Diabetes Digestion problems Earache Ear ringing Epilepsy Headaches Headaches - Migraine Heart Disease Hemorrhoids Herniated disk High blood pressure Insomnia Irregular cycle Kidney problems Leg pain Low back pain Neck pain Osteoporosis Poor circulation Prostate problems Rheumatoid Arthritis Sciatica Shingles Sinus infection Stroke Thyroid problems TMJ Venereal disease Vertigo/Dizziness

STRESSORS

- Smoking Alcohol Coffee/ Caffeine Drinks High Stress Level Packs/Day Drinks/Week Cups/Day Reason

EXERCISE

- None Moderate Daily Heavy

Table with 3 columns: Have you had any, Description, Date. Rows include Automobile accidents, Surgeries, Broken bones, Falls/Head injuries.

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AUTHORIZATION

Insurance verification and authorization is not a guarantee of payment. I understand that I may be responsible for any balance that is not paid by insurance. I authorize Unlimited Health Chiropractic / Brian Hull D.C., Jana Hull, D.C. to release any information regarding my treatment to any insurance company in effort to receive reimbursement for services provided. I authorize the use of this signature on all insurance submissions.

Signature

Date

Parent (if patient is a minor)