

Health History Side 1: Please complete both sides of this form
 Gardiner Family Chiropractic 90 Main Avenue, Gardiner, Me 04345 (207) 582-2222

Full Name: _____ Date: _____

Have you had trouble with any of the following?

Cardiovascular	Now	Past	No	Respiratory	Now	Past	No	Allergic/Immunological	Now	Past	No	Endocrine	Now	Past	No
Poor Circulation				Asthma				Hives				Thyroid Disease			
High Blood Pressure				Tuberculosis				Immune Disorder				Diabetes Type 1 *			
Aortic Aneurysm				Shortness of Breath				HIV/AIDS				Diabetes Type 2 *			
Heart Disease				Emphysema				Allergy Shots				*Date of last A1C:			
Vascular Disease				Cold/Flu				Cortisone Use				*Result of last A1C:			
Heart Attack				Cough/Wheezing				Transplant Patient				*Ordered by:			
Angina				COPD				Leukemia				*Performed at (facility):			
Chest Pain				Sleep Apnea				Sarcoidosis				*Date of next A1C:			
High Cholesterol				Pneumothorax				Systemic Lupus				Hair Loss			
Pace Maker				Ears/Nose/Throat	Now	Past	No	Lyme Disease				Menopausal			
Jaw Pain				Dizziness				Gastrointestinal	Now	Past	No	Menstrual Problems			
Irregular Heartbeat				Hearing Loss				Gallbladder Problems				PMS			
Swelling of Legs				Sinus Infection				Bowel Problems				Polycystic Ovaries			
Heart murmur				Nosebleed				Constipation				Neurological	Now	Past	No
Congenital Heart Defect				Sore Throat				Liver Problems				Stroke			
Low blood pressure				Difficulty Swallowing				Ulcers				Seizures			
Deep vein thrombosis				Bleeding Gums				Diarrhea				Head Injury			
Genitourinary	Now	Past	No	Ringling in the Ears				Nausea/Vomiting				Spinal cord infarction			
Kidney Disease				Chronic Cough				Bloody Stools				Epilepsy			
Lower Side Pain				Chronic Sinusitis				Poor Appetite				Foot Drop			
Painful Urination				Chronic Otitis Media				Heartburn/Indigestion				Brain Aneurysm			
Burning Urination				Eyes	Now	Past	No	Ulcerative Colitis				Numbness			
Frequent Urination				Glaucoma				Diverticulitis				Severe Headaches			
Blood in Urine				Double Vision				Pancreatitis				Pinched Nerves			
Kidney Stone				Blurred Vision				Celiac Disease				Parkinson's Disease			
Bladder Infection				Visual Disturbances				Inflammatory Bowel Disease				Carpal Tunnel			
Loss of Bladder Control				Increased Intraocular pressure				Musculoskeletal	Now	Past	No	Spinning/Balance			
Endometriosis				Integumentary	Now	Past	No	Gout				Psychiatric	Now	Past	No
Prostate Problems				Skin Lesions				Arthritis				Depression			
STD				Skin Ulcers				Joint Stiffness				Anxiety Disorder			
Cervical dysplasia				Skin Disease				Muscle Weakness				Unusual Stress			
Herpes				Eczema				Osteoporosis				Anorexia/Bulemia			
Hematological/Lymphatic	Now	Past	No	Psoriasis				Broken Bones				Bipolar			
Hepatitis				Rashes				Joints Replaced				Seasonal Affective Disorder			
Blood Clots				Shingles				Rheumatoid Arthritis				Constitutional	Now	Past	No
Cancer				MRSA				Fibromyalgia				Weight Loss/Gain			
Easy Bruising				Pain or numbness of the	Now	Past	No	Osteopenia				Energy Level Problem			
Easy Bleeding				Neck								General Fatigue			
Fevers/Chills/Sweats				Shoulder								Difficulty Sleeping			
Pernicious Anemia				Upper arm or elbow											
				Hand				Additional conditions that you are being treated for by any doctor:							
				Wrist											
				Upper back											
				Lower back				Additional information that you would like us to know:							
				Upper leg or hip											
				Ankle or foot											
				Jaw											