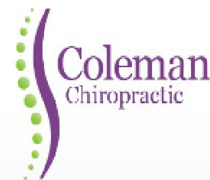

Health History Form

Welcome to Coleman Chiropractic. All information is strictly confidential.
If you need help with a question, please feel free to ask one of our friendly team.

Full name ____Date_________________________

Postal Address____

____Post Code_____________________

Telephone H_____________________W_____________________M____________________________

Email_____________________________________Date of birth__________________Age__________

☐ Please tick if you do not wish to receive our monthly newsletter. We will not share your details with ***ANYONE!***

Spouse/Guardian name_________________________________Marital Status S M D/F D W

Children's names & Ages/Members of your household____

____

Occupation____________________________________Employer______________________________

How many hours per day at work/daily routine do you spend sitting_____________standing______________

Who can we thank for referring you/where did you find out about us? ________________________________

Do you agree to an X-ray examination of your spine if required Yes / No

Why have you come to see us?

If you have no symptoms or complaints and are here for Chiropractic Wellness Services, please skip to the ***'Vital Health Profile'.***

What is your primary health concern?	Rate of severity 1=mild 10=excruciating	When did this episode start?	If you had this condition before, when?	Did the problem begin with an injury?	% of the time pain is present
Other:					

Since the problem started is it - About the same ☐ Getting better ☐ Getting worse☐

When is it worst/what aggravates it? ____

When is it better/what relieves it? ____

How would you grade your current level of health? (very poor) 1 2 3 4 5 6 7 8 9 10 (excellent)

What importance do you place on your health & wellbeing? (none) 1 2 3 4 5 6 7 8 9 10 (most*)*

Does your current health condition interfere with any of the following?

Household duties ☐ Exercise/Sport ☐ Relationships ☐

Work ☐ Sleep ☐ Daily Routine ☐

Does it cause you to be - ☐Moody or Irritable ☐Fatigued or Exhausted ☐Less Productive or Make Poor Decisions

Vital Health Profile

Please mark the following conditions you have experienced in the *PAST* with a X or *NOW* have with a √

☐ Neck Pain	☐Depression	☐Recurrent colds/flu	☐ Cancer
☐Headaches	☐Anxiety	☐Heart Attack	☐Migraines
☐Ringing in Ears	☐Heart Disease	☐Diabetes	☐Low Energy
☐High Blood Pressure	☐Arthritis	☐Dizziness	☐Chest Pains
☐Allergies	☐Mid Back Pain	☐Digestive Problems	☐Numbness
☐Breathing Problems	☐Bowel Problems	☐Sinus Problems	☐Low Back Pain
☐Stroke	☐Thyroid Problems	☐Visual Disturbances	☐Ear Infections

Females

☐Menstrual Problems ☐Menopausal Problems ☐Infertility ☐Pregnant (weeks)____

Males

☐Prostate Problems ☐Impotence ☐Infertility

Please list any medications you take and why (prescription and 'over the counter')

Please list any hospitalisations including surgery.

Stressors

Accumulation of life's stress affects both our health and our ability to heal. Please list the top 3 stressors (you have ever had) in each category.

Physical Stress (falls, accidents, poor posture, work, sports injuries, motor vehicle accidents, repetitive strains etc...)

Bio-chemical Stress (smoke, processed/fatty foods, missed meals, not enough water, drugs/alcohol. Medications, electromagnetic radiation from computers/TV's/mobiles, flavoured fizzy drinks, toxin exposure, infections etc...)

Mental or Emotional Stress (work, relationships, loss of loved ones, study/exams, traffic, anxiety, depression etc.)

What previous care have you had and was it of benefit? eg. 'Relief' Chiropractor–(*focuses mainly on neck and back pain*) 'Wellness' Chiropractor–(*focuses on health & wellbeing as well as underlying cause of pain*) Physio, Massage, GP, Medication etc

____

What is you ultimate goal from your chiropractic care with Coleman Chiropractic?

☐Wellness Care ☐Relief Care Only ☐Spinal Check up

Signed____Date____________