GLOBAL FAMILY CHIROPRACTIC

CONFIDENTIAL HEALTH REPORT

Patient Name_____

Describe Major Complaints and Symptoms_____

_____

_____

Date You First Noticed Symptoms_____ How Was The Condition Caused_____

Has This Condition Happened Before_____ When_____ Name Of Doctor_____

Diagnosis_____ Length Of Time Under Care_____Results_____

Have You Ever Been In An Accident_____ Auto, Work, Home, Leisure, Other_____

Describe Including Date(s)_____

Describe Fractures (Past or Present)_____

Describe Any Type Of Surgery_____

Describe The Medication You Are Taking For Any Condition_____

The Past Have You Taken Medication On A Regular Basis_____ Date Of Last Medical Physical_____

Date Of Last Chiropractic Exam_____

CHECK THE FOLLOWING CONDITIONS YOU HAVE HAD

___Anemia	___Diptheria	___Multiple Sclerosis	___Tonsillitis
___Appendicities	___Eczema	___Mumps	___Tuberculosis
___Artericosclerosis	___Emphysema	___Pleurisy	___Typhoid Fever
___Asthma	___Epilepsy	___Pneumonia	___Whooping Cough
___Cancer	___Goiter	___Polio	Other:
___Chicken Pox	___Heart Disease	___Rheumatic Fever	___ _____
___Cold Sores	___Hypoglycemia	___Scarlet Fever	___ _____
___Diabetes	___Measles	___Stroke	___ _____

See Back Side →

Your signature below will verify that all the information you have given us is accurate and that you have answered the health report questions entirely.

Signature _____ Date_____