

Chiropractic History

Review of Systems:

An Unbalanced Nervous System

Leads to Having Trouble With

Any of The Following:

Check All That Apply

Name: _____

Date: _____

Gastrointestinal:	Now	Past	No
Food Allergies			
Bowel Problems			
Constipation			
Frequent Diarrhea			
Bloody Stools			
Liver Problems			
Frequent Nausea / Frequent Vomiting			
Ulcers / Reflux			
Poor Appetite			
Gallbladder Problems			
Gluten Intolerance			
Celiac			
Lactose intollerant			
Pancreas Problems			
Colon Cancer			
Genitourinary:	Now	Past	No
Kidney Disease			
On Diaylisis			
Lower Side Pain			
Burning Urination			
Frequent Urination			
Blood in Urine			
Kidney Stones			
Prostate Problems			
Frequent UTI's			

Cardiovascular:	Now	Past	No
Heart Disease			
Stroke			
High Blood Pressure			
Low Blood Pressure			
Blood Clots			
Poor Circulation			
Aortic Aneurism			
Heart Attack			
Vascular Surgery			
Chest Pain			
High Cholesterol			
High Triglycerides			
Pace Maker			
Jaw Pain/ Arm Pain			
Irregular Heartbeat			
Swelling of legs			
Shortness of Breath when walking			
Difficulty Maintaining Balance			
Slurred Speech			
Problems understanding language / or speech			
Blurry vision /or limited vision : in one eye or both			
Face and arm drooping on one side			
Trouble Swallowing			
Varicose Veins			

Hematologic / Lymphatic	Now	Past	No
Hepatitis			
Lymphoma			
Cancer : Where:			
Easy Brusing			
Easy Bleeding			
Night Sweats			
Anemia			
Itchy Skin			
Swollen Lymph Gland			
Cold Hands & Feet			
Blood Transfusion			
Leukemia			
Sickle cell Anemia			

Endocrine:	Now	Past	No
Thyroid Disease Hyper / Hypo			
Diabetes			
Gout			
Hair Loss			
Menopausal			
Menstrual Problems			
Fertility Problems			
Polycystic Ovaries			
Uterine Fibroids			
Growth Disorders			
Low Testosterone			
Pituitary Tumor			

2 Name: _____

Neurologic	Now	Past	No
Head Injury			
Concussion			
Spinal Cord Injury			
Sudden Confusion			
Brain Aneurysm			
Speech Difficulty			
Brain Tumor			
Pinched Nerve: Where:			
Numbness			
Sciatica			
Carpal Tunnel / Wrist pain / Numb			
Balance Problems			
Seizures			
Severe Headaches			
Migraines			
Meningitis			
SMA Atrophy			
Alzheimer's			
Parkinsons Disease			
Muscular Dystrophy			
Intention Tremors			
Resting Tremors			
Epilepsy			
ADHD			
Autism			
Aspburgers			
Processing Disorder			
Dyslexia			

Musculoskeletal:	Now	Past	No
Joint Stiffness			
Joints Replaced which one:			
Arthritis			
Scoliosis			
Osteoporosis			
Broken Bones which one:			
Cervical Disc Problem			
Thoracic Disc Prob.			
Lumbar Disc Problem			
Spinal Surgery Where:			
Shoulder Problem Right / Left			
Elbow Problem			
Wrist Problem Right / Left			
Hip Problem Right / Left			
Knee Problem Right / Left			
Ankle Problem Right / Left			
Spina Bifida			
Muscle Pain Where:			
Muscle Weakness Where:			
Muscle Loss Where:			

Constutional:	Now	Past	No
Weight loss			
Weight gain			
Energy Level Problem			
Difficulty Sleeping: Staying Asleep : Falling Asleep:			
Depression: Seasonal / All the Time / Comes and Goes / Situational /			
Medicated Currently For Depression			
Anxiety			
Unusual Stress			
Panic Attacks			
Post Traumatic Stress			
Mental Health Treatment :			
BiPolar			
Addictions: Type:			
Sensitive to EMF			
Integumentary	Now	Past	No
Skin Disease			
Skin Ulcers			
Eczema			
Psoriasis			
Rashes			
Rosacea			
Dermatitis			
Varicose Veins			

3 Name: _____

Eyes	Now	Past	No
Myopia : See Close Can't see far			
Hypermetropia: See Far Can't see close			
Astigmatism			
Glaucoma			
Double Vision			
Blurred Vision			
Eye Floaters			
Can't See at Night			
Eye Surgery			

Ears / Nose / Throat	Now	Past	No
Dizziness			
Hearing Loss			
Ringing in Ears			
Sinus Infection			
Nosebleed			
Sore Throat			
Difficulty Swallowing			
Bleeding Gums			
Frequent Strep Infection			
Dental Problems			
Silver / Mercury Dental Fillings			
Root Canal Tooth #			

Allergies / Immunologic	Now	Past	No
Allergy shots: Frequency:			
Hives			
Cortisone Use			
Immune Disorder			
Food Allergies: Type:			
Environmental Allergies: Type:			

Respiratory	Now	Past	No
Asthma			
Shortness of Breath			
Emphysema			
Frequent Cold /Flu			
COVID- 19			
Cough / Dry / Wet			
Wheezing			
Bronchitis			

Sleep	Now	Past	No
6-8 Hours a Night			
Less Than 6 Hours # _____			
More Than 8 Hours # _____			
Quality of Sleep Excellent / Good/ Poor			
Sleep Apnea			
Snoring			
Wake up With Pain			
Wake up With Pain			

Diet:	Now	Past	No
Healthy Diet			
Special Diet? Type:			
Vegan? Years			
Vegetarian?			
Artificial Sweetener			
Caffeine ?			
Energy Drinks ?			
Do you eat Organic?			
Food allergies?			

Medications / Drugs	Now	Past	No
Over counter Drugs:			
Prescription Drugs #			
Recreational Drugs			
Alcohol			
Smoker / Tobacco			
Vaccinations			
Flu Shot			
Covid Shot			

Infectious Disease	Now	Past	No
Hepatitis B / C			
HIV			
Tuberculosis			
Malaria			
MRSA			
Infectious Cellulitis			
Fever for 10 days +			
Meningitis			
Other:			

