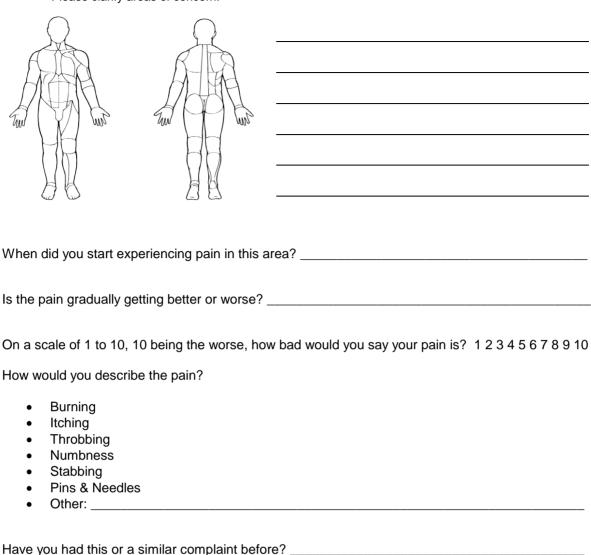
PERSONAL AND FAMILY HEALTH HISTORY

				roday's date:				
		Pe	ersonal Healt	h Number (PHN):				
Name:	last	first	middle	_ Marital status	: S	M	W	D
Address	idət	liiot	mudic					
	street	_		city		postal	code	
Gender	<u>M F</u> Age		e of Birth					
Spouse			Children					
Method f	or Appointment Reminders		e Phone					
		Ce	ell Phone					
			Email					
			k Phone					
Occupati	on	E	mployer					
How did you hear of us?				Medical	Doctor			
When wa	as your last adjustment?			By V	Vhom?			
Do you n	need printouts for Extended	d Health	No	Yes				
Are you claiming Worker's Compensation? No _			No	Yes	Claim #			
Are you claiming under ICBC? No				Yes	Claim #			
Family	Health: Is there a family		: 🗆 Arthriti		□ Diabe		□ Stro	kes
Family □ Heart	Health: Is there a family	od Pressure	: □ Arthriti e □ Other	s 🗆 Cancer				okes
Family □ Heart	Health: Is there a family t Disease □ High Bloo	od Pressure	: □ Arthriti e □ Other	s 🗆 Cancer				okes
Family ∣ □ Heart <u>Medical</u>	Health: Is there a family t Disease □ High Bloo	od Pressure	: □ Arthriti e □ Other	s 🗆 Cancer				okes
Family I □ Heart <u>Medical</u> 1.	Health: Is there a family t Disease □ High Bloo	od Pressure	: □ Arthriti e □ Other	s 🗆 Cancer				okes
Family □ Heart Medical 1. 2.	Health: Is there a family t Disease □ High Bloo	od Pressure	: □ Arthriti e □ Other	s 🗆 Cancer				okes
Family I □ Heart Medical 1. 2. 3.	Health: Is there a family t Disease □ High Bloo	od Pressure	: □ Arthriti e □ Other	s 🗆 Cancer				okes
Family □ Heart Medical 1. 2. 3. 4.	Health: Is there a family t Disease □ High Bloo	od Pressure	: □ Arthriti e □ Other	s 🗆 Cancer				okes
Family □ Heart Medical 1. 2. 3. 4. 5.	Health: Is there a family t Disease □ High Bloo	od Pressure	: □ Arthriti e □ Other	s 🗆 Cancer				okes
Family □ Heart Medical 1. 2. 3. 4. 5. 6.	Health: Is there a family t Disease □ High Bloo	od Pressure	: □ Arthriti e □ Other	s 🗆 Cancer				okes
Family □ Heart Medical 1. 2. 3. 4. 5. 6. 7.	Health: Is there a family t Disease □ High Bloo	od Pressure	: □ Arthriti e □ Other	s 🗆 Cancer				okes
Family □ Heart Medical 1. 2. 3. 4. 5. 6. 7. 8.	Health: Is there a family t Disease □ High Bloo	ny medica	: □ Arthriti	ion drugs you a	are curre			okes
Family □ Heart Medical 1. 2. 3. 4. 5. 6. 7. 8.	Health: Is there a family t Disease ☐ High Bloc I History: Please list ar	ny medica	: □ Arthriti e □ Other Il prescripti	ion drugs you a	are curre			okes
Family Heart Medical 1. 2. 3. 4. 5. 6. 7. 8. PLEASE YOUR C	Health: Is there a family to Disease	ny medica THAT MO	: □ Arthriti e □ Other Il prescripti OST CLOSE AND WELL	ion drugs you a	are curre			okes
Family Heart Medical 1. 2. 3. 4. 5. 6. 7. 8. PLEASE YOUR C	Health: Is there a family t Disease	ny medica THAT MO	E □ Arthritice □ Other Il prescriptic OST CLOSE AND WELL of a particu	ion drugs you a	are curre	ntly ta	aking:	okes

Please clarify areas of concern:



PERSONAL HISTORY

What do you think caused the problem? _____

THE HUMAN BODY IS DESIGNED TO EXPRESS HEALTH AND FUNCTION NORMALLY.

HOWEVER, EVENTS MAY OCCUR IN LIFE, WHICH CAN INTERFERE WITH THIS NATURAL ABILITY.

THIS INTERFERENCE IS COMMONLY THE RESULT OF VERTEBRAL SUBLUXATIONS.

STRESS THAT MAY BE PHYSICAL, CHEMICAL OR EMOTIONAL

MAY CAUSE THESE SUBLUXATIONS.

THE PRACTICE OF CHIROPRACTIC IS BASED ON THE LOCATION AND REDUCTION OF NERVE SYSTEM INTERFERENCE CAUSED BY THE VERTEBRAL SUBLUXATION.

PLEASE TELL US ABOUT ANY STRESS UP TO THE PRESENT: check any that apply

	Stress at birth (premature / forceps)	Explain:
	Allergies / Asthma	·
	Digestive problems	·
	Auto injury	
	Work injury	
	Sports injury	
	Work stress	
	Family / Home stress	
	Prescription drug use	
	Non-prescription drug use	
	Hospitalizations	
	Surgeries	
	Major illnesses	
	Reoccurring illness	
	Limited exercise	
	Poor nutrition	
Pleas	se circle any that apply: ker Alcohol Use Car Accident Fo	ormer Smoker Work Injury Poor Nutrition
Surge	ery Not Enough Sleep Broken Bone	es
Anyth	ning else:	
		Patient Initials: