ABSHIRE CHIROPRACTIC

7992 Maurice Avenue
Maurice, LA 70555

Date_____

Patient Name_____ Birthdate_____

CONDITIONS (Check conditions you have or have had in the past.)

- ❑ AIDS
- ❑ Alcoholism
- ❑ Anemia
- ❑ Anorexia
- ❑ Appendicitis
- ❑ Arthritis
- ❑ Asthma
- ❑ Bleeding disorders
- ❑ Breast lump
- ❑ Bronchitis
- ❑ Bulimia
- ❑ Cancer
- ❑ Cataracts
- ❑ Chemical dependency
- ❑ Chicken pox
- ❑ Diabetes
- ❑ Emphysema
- ❑ Epilepsy
- ❑ Fractures
- ❑ Glaucoma
- ❑ Goiter
- ❑ Gonorrhea
- ❑ Gout
- ❑ Heart attack
- ❑ Heart disease
- ❑ Hepatitis
- ❑ Hernia
- ❑ Herpes
- ❑ High cholesterol
- ❑ HIV positive
- ❑ Kidney disease
- ❑ Liver disease
- ❑ Measles
- ❑ Migraine headaches
- ❑ Miscarriage
- ❑ Mononucleosis
- ❑ Multiple sclerosis
- ❑ Mumps
- ❑ Osteoporosis
- ❑ Pacemaker
- ❑ Pneumonia
- ❑ Polio
- ❑ Prostate problem
- ❑ Prosthesis
- ❑ Psychiatric care
- ❑ Rheumatoid arthritis

MEDICATIONS (List all medications you are currently taking)

_____

_____

_____

Allergies_____

Pharmacy Name_____

NECK, BACK, EXTREMITIES (Check symptoms you currently have or have had in the past year.)

NECK

- ❑ Pain in neck
- ❑ Neck stiffness
- ❑ Neck weakness
- ❑ Pinched nerve in neck
- ❑ Neck feels out of place
- ❑ Muscle spasms in neck
- ❑ Grinding/popping sounds in neck

SHOULDERS

	Right	Left
❑ Pain in shoulder joint	☐	☐
❑ Pain across shoulders		
❑ Can't raise arm	☐	☐
❑ Above shoulder level		
❑ Over head		
❑ Tension in shoulders		
❑ Pinched nerve in shoulder	☐	☐

MID-BACK

- ❑ Mid-back pain
- ❑ Mid-back stiffness
- ❑ Pain between shoulder blades
- ❑ Pain from front to back
- ❑ Muscle spasms in mid-back

LOW BACK

- ❑ Low back pain
- ❑ Low back stiffness
- ❑ Low back feels out of place
- ❑ Muscle spasms in low back
- ❑ Low back weakness
- ❑ Pinched nerve in low back

ARMS & HANDS

	Right	Left
❑ Pain in upper arm	☐	☐
❑ Pain in elbow	☐	☐
❑ Pain in forearm	☐	☐
❑ Pain in hand	☐	☐
❑ Pain in fingers	☐	☐
❑ Pins & needles in arm	☐	☐
❑ Pins & needles in fingers	☐	☐
❑ Numbness in arm	☐	☐
❑ Numbness in fingers	☐	☐
❑ Weakness of arm	☐	☐
❑ Weakness of hand	☐	☐
❑ Hands cold	☐	☐

HIPS, LEGS & FEET

- ❑ Pain in buttocks
- ❑ Pain in hip joint
- ❑ Pain down leg
- ❑ Pain in ankle
- ❑ Pain in foot
- ❑ Weakness of leg
- ❑ Weakness of knee
- ❑ Leg Cramps

OTHER SYMPTOMS

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_____

(Continued)

GENERAL SYMPTOMS (Check symptoms you currently have or have had in the past year.)

GENERAL

- ❑ Bruise easily
- ❑ Chills
- ❑ Dental problems
- ❑ Depression
- ❑ Difficulty sleeping
- ❑ Dizziness
- ❑ Fainting
- ❑ Fever
- ❑ Forgetfulness
- ❑ Headache
- ❑ Irritability
- ❑ Loss of sleep
- ❑ Loss of weight
- ❑ Nervousness
- ❑ Numbness
- ❑ Sweats
- ❑ Tiredness
- ❑ Weight gain

GENITO-URINARY

- ❑ Blood in urine
- ❑ Cloudy urine
- ❑ Difficulty starting urination
- ❑ Frequent urination
- ❑ Lack of bladder control
- ❑ Painful urination

SKIN

- ❑ Bruise easily
- ❑ Hives
- ❑ Itching
- ❑ Change in moles
- ❑ Psoriasis
- ❑ Rash scars
- ❑ Sore that won't heal
- ❑ Yellow skin

GASTROINTESTINAL

- ❑ Appetite poor
- ❑ Bloating
- ❑ Bowel changes
- ❑ Constipation
- ❑ Diarrhea
- ❑ Excessive hunger
- ❑ Excessive thirst
- ❑ Gas
- ❑ Hemorrhoids
- ❑ Indigestion
- ❑ Nausea
- ❑ Rectal bleeding
- ❑ Stomach pain
- ❑ Vomiting
- ❑ Vomiting blood

CARDIOVASCULAR

- ❑ Blue or purple skin
- ❑ Blue or purple nail beds
- ❑ High blood pressure
- ❑ Irregular heart beat
- ❑ Low blood pressure
- ❑ Poor circulation
- ❑ Rapid heart beat
- ❑ Swelling of ankles
- ❑ Varicose veins
- ❑ Chest Pain

SURGERIES

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EYE, EAR, NOSE, THROAT

- ❑ Bleeding gums
- ❑ Blurred vision
- ❑ Crossed eyes
- ❑ Difficulty swallowing
- ❑ Double vision
- ❑ Earache
- ❑ Ear discharge
- ❑ Hay fever
- ❑ Hoarseness
- ❑ Loss of coordination
- ❑ Loss of hearing
- ❑ Loss of smell
- ❑ Nosebleeds
- ❑ Persistent cough
- ❑ Ringing in ears
- ❑ Sinus problems
- ❑ Vision – flashes
- ❑ Vision – halos

RESPIRTORY

- ❑ Can't breathe while lying down
- ❑ Can't sleep while lying down
- ❑ Coughing up blood
- ❑ Dry cough
- ❑ Productive cough
- ❑ Shortness of breath
- ❑ Wheezing

SOCIAL HISTORY

- ❑ Alcohol use
- ❑ Chewing tobacco
- ❑ Drink coffee or tea
- ❑ Smoking
- ❑ Other

_____

_____

MEN only

- ❑ Breast lump
- ❑ Erection difficulties
- ❑ Lump in testicles
- ❑ Penis discharge
- ❑ Sore on penis
- ❑ Other

WOMEN only

- ❑ Abnormal pap smear
- ❑ Bleeding between periods
- ❑ Breast lump
- ❑ Extreme menstrual pain
- ❑ Hot flashes
- ❑ Nipple discharge
- ❑ Painful intercourse
- ❑ Vaginal discharge
- ❑ Other

Date of last menstrual period_____

Date of last Pap Smear _____

Have you had a mammogram?_____

Are you pregnant?_____

Number of pregnancies_____

Number of deliveries_____

FAMILY HISTORY

- ❑ Cancer
- ❑ Diabetes
- ❑ Heart Disease
- ❑ Stroke
- ❑ Other

_____

_____

I certify that the above information is correct to the best of my knowledge. I will not hold my doctor or any members of his/her staff responsible for any errors or omissions that I have made in the completion of this form.

Patient Signature_____ Date_____