Dr. Tracey Hehn-Zwicker, B.H.K. (Honours Kinesiology), D.C.
Chiropractor

Patient History Form

Name:_____ Date:_____

Please check the appropriate box for any of the following symptoms which you now have or have previously had.

C = Constant F = Frequent O = Occasional

C F O

NEUROLOGICAL
- ☐ ☐ ☐ headaches
- ☐ ☐ ☐ chills
- ☐ ☐ ☐ convulsions
- ☐ ☐ ☐ dizziness
- ☐ ☐ ☐ fainting
- ☐ ☐ ☐ fevers
- ☐ ☐ ☐ shooting pain
- ☐ ☐ ☐ loss of sleep
- ☐ ☐ ☐ nervousness
- ☐ ☐ ☐ depression
- ☐ ☐ ☐ neuralgia
- ☐ ☐ ☐ numbness
- ☐ ☐ ☐ sweats
- ☐ ☐ ☐ loss of weight
- ☐ ☐ ☐ tremors

MUSCLE & JOINT
- ☐ ☐ ☐ arthritis
- ☐ ☐ ☐ bursitis
- ☐ ☐ ☐ foot trouble
- ☐ ☐ ☐ scoliosis
- ☐ ☐ ☐ low back pain
- ☐ ☐ ☐ neck pain
- ☐ ☐ ☐ neck stiffness
- ☐ ☐ ☐ pain between shoulders

RESPIRATORY
- ☐ ☐ ☐ chest pain
- ☐ ☐ ☐ chronic cough
- ☐ ☐ ☐ difficulty breathing
- ☐ ☐ ☐ pneumonia
- ☐ ☐ ☐ throat phlegm
- ☐ ☐ ☐ wheezing

EYES, EARS, NOSE & THROAT
- ☐ ☐ ☐ far sighted
- ☐ ☐ ☐ eye strain
- ☐ ☐ ☐ near sighted
- ☐ ☐ ☐ deafness

C F O
- ☐ ☐ ☐ ear noises
- ☐ ☐ ☐ sinus infections
- ☐ ☐ ☐ jaw clicking
- ☐ ☐ ☐ TMJ soreness
- ☐ ☐ ☐ sore throat
- ☐ ☐ ☐ recurrent ear infections
- ☐ ☐ ☐ hoarseness
- ☐ ☐ ☐ colds
- ☐ ☐ ☐ asthma
- ☐ ☐ ☐ enlarged glands
- ☐ ☐ ☐ thyroid disease
- ☐ ☐ ☐ pain upon deep breath
- ☐ ☐ ☐ nasal obstruction

CARDIO-VASCULAR
- ☐ ☐ ☐ rapid heart beats
- ☐ ☐ ☐ slow heart beats
- ☐ ☐ ☐ swelling of ankles
- ☐ ☐ ☐ hardening of arteries
- ☐ ☐ ☐ high blood pressure
- ☐ ☐ ☐ low blood pressure
- ☐ ☐ ☐ history of stroke
- ☐ ☐ ☐ poor circulation

GASTRO INTESTINAL
- ☐ ☐ ☐ excessive hunger
- ☐ ☐ ☐ burping or gas
- ☐ ☐ ☐ liver trouble
- ☐ ☐ ☐ colitis
- ☐ ☐ ☐ colon trouble
- ☐ ☐ ☐ constipation
- ☐ ☐ ☐ diarrhea
- ☐ ☐ ☐ difficult digestion
- ☐ ☐ ☐ distension of abdomen
- ☐ ☐ ☐ stomach pain
- ☐ ☐ ☐ gall bladder trouble
- ☐ ☐ ☐ hemorrhoids
- ☐ ☐ ☐ poor appetite
- ☐ ☐ ☐ jaundice
- ☐ ☐ ☐ nausea

C F O

SKIN
- ☐ ☐ ☐ varicose veins
- ☐ ☐ ☐ bruise easily
- ☐ ☐ ☐ eczema
- ☐ ☐ ☐ hives or allergy
- ☐ ☐ ☐ itching
- ☐ ☐ ☐ skin rash
- ☐ ☐ ☐ feet/ankle swelling

GENITO-URINARY
- ☐ ☐ ☐ bedwetting
- ☐ ☐ ☐ diabetes
- ☐ ☐ ☐ frequent urination
- ☐ ☐ ☐ loss control urine
- ☐ ☐ ☐ kidney infection
- ☐ ☐ ☐ painful urination
- ☐ ☐ ☐ prostate trouble

PAIN OR NUMBNESS IN:
- ☐ ☐ ☐ shoulders
- ☐ ☐ ☐ arms / elbows
- ☐ ☐ ☐ wrists / hands
- ☐ ☐ ☐ hips
- ☐ ☐ ☐ legs
- ☐ ☐ ☐ knees
- ☐ ☐ ☐ ankles
- ☐ ☐ ☐ feet
- ☐ ☐ ☐ painful tail bone
- ☐ ☐ ☐ neck / shoulders
- ☐ ☐ ☐ swollen joints

FOR WOMEN ONLY
- ☐ ☐ ☐ cramps
- ☐ ☐ ☐ heavy flow
- ☐ ☐ ☐ light flow
- ☐ ☐ ☐ irregular cycle
- ☐ ☐ ☐ painful cycle
- ☐ ☐ ☐ sore breasts

Pregnant: Yes:___ No:___

Menopausal: Yes___ No___

_____

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Current Medications:

Specific Reason for Visit: