SOUTHERN PALMS
CHIROPRACTIC & WELLNESS

Patient Registration & History

Health History

❒ Medications ❒ Surgery ❒ Physical Therapy
❒ Chiropractic Services ❒ None ❒ Other

Physical Exam _____ Spinal X-Ray _____ Blood Test _____ Dental X-Ray _____
Spinal Exam _____ Chest X-Ray _____ Urine Test _____ MRI, CT Scan, Bone Scan _____

AIDS/HIV	❒ Yes	❒ No	Goiter	❒ Yes	❒ No	Pneumonia	❒ Yes	❒ No
Alcoholism	❒ Yes	❒ No	Gonorrhea	❒ Yes	❒ No	Polio	❒ Yes	❒ No
Allergy Shots	❒ Yes	❒ No	Gout	❒ Yes	❒ No	Prostate Problem	❒ Yes	❒ No
Anemia	❒ Yes	❒ No	Heart Disease	❒ Yes	❒ No	Prosthesis	❒ Yes	❒ No
Anorexia	❒ Yes	❒ No	Hepatitis	❒ Yes	❒ No	Psychiatric Care	❒ Yes	❒ No
Appendicitis	❒ Yes	❒ No	Hernia	❒ Yes	❒ No	Rheumatoid Arthritis	❒ Yes	❒ No
Arthritis	❒ Yes	❒ No	Herniated Disc	❒ Yes	❒ No	Rheumatic Fever	❒ Yes	❒ No
Asthma	❒ Yes	❒ No	Herpes	❒ Yes	❒ No	Scarlet Fever	❒ Yes	❒ No
Bleeding Disorders	❒ Yes	❒ No	High Cholesterol	❒ Yes	❒ No	Stroke	❒ Yes	❒ No
Breast Lump	❒ Yes	❒ No	Kidney Disease	❒ Yes	❒ No	Suicide Attempt	❒ Yes	❒ No
Bronchitis	❒ Yes	❒ No	Liver Disease	❒ Yes	❒ No	Thyroid Problems	❒ Yes	❒ No
Bulimia	❒ Yes	❒ No	Measles	❒ Yes	❒ No	Tonsillitis	❒ Yes	❒ No
Cancer	❒ Yes	❒ No	Migraines	❒ Yes	❒ No	Tuberculosis	❒ Yes	❒ No
Cataracts	❒ Yes	❒ No	Miscarriage	❒ Yes	❒ No	Tumors, Growths	❒ Yes	❒ No
Chemical Dependency	❒ Yes	❒ No	Mononucleosis	❒ Yes	❒ No	Typhoid Fever	❒ Yes	❒ No
Chicken Pox	❒ Yes	❒ No	Multiple Sclerosis	❒ Yes	❒ No	Ulcers	❒ Yes	❒ No
Diabetes	❒ Yes	❒ No	Mumps	❒ Yes	❒ No	Vaginal Infections	❒ Yes	❒ No
Emphysema	❒ Yes	❒ No	Osteoporosis	❒ Yes	❒ No	Venereal Disease	❒ Yes	❒ No
Epilepsy	❒ Yes	❒ No	Pacemaker	❒ Yes	❒ No	Whooping Cough	❒ Yes	❒ No
Fractures	❒ Yes	❒ No	Parkinson's Disease	❒ Yes	❒ No	Other _____		
Glaucoma	❒ Yes	❒ No	Pinched Nerve	❒ Yes	❒ No			

❒ None	❒ Sitting	❒ Smoking	Packs per day: _____	Are you pregnant?
❒ Moderate	❒ Standing	❒ Alcohol	Drinks per week: _____	
❒ Daily	❒ Light Labor	❒ Caffeinated Drinks	Cups per day: _____	❒ Yes Due Date: _____
❒ Heavy	❒ Heavy Labor	❒ High Stress Level	Reason: _____	❒ No

Falls: _____
Head Injuries: _____
Broken Bones: _____
Dislocations: _____
Surgeries: _____

Medications

_____
_____
_____
Pharmacy Name: _____
Pharmacy Phone: _____

Allergies

_____
_____
_____
_____
_____

Vitamins/Herbs/Minerals

_____
_____
_____
_____
_____