



BRONSTON CHIROPRACTIC

La Crosse-Onalaska-Sparta-Holmen

Health History Questionnaire

Patient Name _____ Date _____

Sex: Male Female Age _____ Birth date _____ Int. _____
Marital Status: S M W SEP DIV
(Circle One)

Occupation _____ Employer _____

Children:(Age) _____

Have you ever had or suffered from (circle those which apply):

- | | | | | |
|------------------|--------------|------------|----------------|----------------------|
| Cancer | Diabetes | AIDSHIV | Alcoholism | Arthritis |
| Stroke | Epilepsy | Anemia | Dysmenorrhea | Chemical Dependency |
| Anorexia | Tuberculosis | Emphysema | Fractures | Gout |
| Heart Disease | Hepatitis | Hernia | Herniated Disc | Kidney Disease |
| Ulcers | Osteoporosis | Pace Maker | Parkinson's | High Blood Pressure |
| Pinched Nerve | Polio | Prostate | Colitis | Rheumatoid Arthritis |
| Thyroid Problems | MS | Migraine | Menopause | |

Has any family member ever suffered from (circle those which apply):

- | | | | | |
|--------|--------------|----------|---------------|---------------------|
| Cancer | Tuberculosis | Diabetes | Heart Trouble | High Blood Pressure |
| Stroke | Epilepsy | | | |

Exercise Habits: <input type="checkbox"/> None <input type="checkbox"/> Moderate (3x/week) <input type="checkbox"/> Daily <input type="checkbox"/> Heavy	Work Activity: <input type="checkbox"/> Sitting <input type="checkbox"/> Standing <input type="checkbox"/> Light Labor <input type="checkbox"/> Heavy Labor	Habits: <input type="checkbox"/> Smoking Packs/day _____ <input type="checkbox"/> Alcohol Drinks/week _____ <input type="checkbox"/> Caffeine Cups/day _____ <input type="checkbox"/> High Stress Level
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Are you currently pregnant? Yes\No Age of mattress/waterbed? _____ yrs. My bed is comfortable (yes/no)

Injuries or Surgeries you have had:	Description	Date
Falls	_____	_____
Back\Head\Neck	_____	_____
Broken Bones	_____	_____
Dislocations	_____	_____
Surgeries(any)	_____	_____

Allergies	Medications	Vitamins\Herbs\Minerals
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____