



**If it is your desire to receive Chiropractic care only, you may skip the following sections. Sign and date at the bottom of this page. THANK YOU.**

Naturopathy, Clinical Nutrition and Energy Medicine are specialties through which Dr. Perkins and your health team are able to address the causes of discomfort and illness which may not be directly related to spinal alignment. Please place a check mark next to any of the following that have been and continue to be prominent in your health history in the past 10 years.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b><u>LIFESTYLE</u></b></p> <p><input type="checkbox"/> alcohol</p> <p><input type="checkbox"/> tobacco</p> <p><input type="checkbox"/> coffee</p> <p><input type="checkbox"/> drugs</p> <p><input type="checkbox"/> diet soda</p> <p><input type="checkbox"/> artificial swtnrs</p> <p><input type="checkbox"/> serious exercise</p> <p><b><u>GENERAL</u></b></p> <p><input type="checkbox"/> convulsions</p> <p><input type="checkbox"/> dizziness</p> <p><input type="checkbox"/> fainting</p> <p><input type="checkbox"/> fatigue</p> <p><input type="checkbox"/> fever</p> <p><input type="checkbox"/> headache</p> <p><input type="checkbox"/> loss of sleep</p> <p><input type="checkbox"/> loss of weight</p> <p><input type="checkbox"/> nerves/depression</p> <p><input type="checkbox"/> neuralgia</p> <p><input type="checkbox"/> numbness</p> <p><input type="checkbox"/> sweats</p> <p><input type="checkbox"/> tremors</p> <p><b><u>MUSCLE JOINT</u></b></p> <p><input type="checkbox"/> back pain</p> <p><input type="checkbox"/> bursitis</p> <p><input type="checkbox"/> foot trouble</p> <p><input type="checkbox"/> joint pain/stiffness</p> <p><input type="checkbox"/> neck pain/stiffness</p> <p><input type="checkbox"/> numbness – arm/shldr</p> <p><input type="checkbox"/> numbness – hand/wrist</p> <p><input type="checkbox"/> numbness – hip/leg</p> <p><input type="checkbox"/> numbness - knee/foot</p> <p><input type="checkbox"/> painful tail bone</p> <p><input type="checkbox"/> pain in extremities</p> <p><input type="checkbox"/> shoulder blade pain</p> <p><input type="checkbox"/> spinal curvature</p> <p><input type="checkbox"/> swollen joints</p> | <p><b><u>GASTRO-INTESTINAL</u></b></p> <p><input type="checkbox"/> acid reflux/heartburn</p> <p><input type="checkbox"/> belching/gas</p> <p><input type="checkbox"/> colitis</p> <p><input type="checkbox"/> colon trouble</p> <p><input type="checkbox"/> constipation</p> <p><input type="checkbox"/> diarrhea</p> <p><input type="checkbox"/> digestion problems</p> <p><input type="checkbox"/> excessive hunger</p> <p><input type="checkbox"/> gall bladder trouble</p> <p><input type="checkbox"/> g.e.r.d.</p> <p><input type="checkbox"/> hemorrhoids</p> <p><input type="checkbox"/> liver trouble</p> <p><input type="checkbox"/> nausea/vomiting;</p> <p><input type="checkbox"/> poor appetite</p> <p><input type="checkbox"/> vomiting blood</p> <p><b><u>EYES, EARS, NOSE &amp; THROAT</u></b></p> <p><input type="checkbox"/> allergic reactions</p> <p><input type="checkbox"/> asthma</p> <p><input type="checkbox"/> dental/gum problems</p> <p><input type="checkbox"/> earache</p> <p><input type="checkbox"/> ear discharge</p> <p><input type="checkbox"/> ear noise</p> <p><input type="checkbox"/> enlarged glands</p> <p><input type="checkbox"/> eye pain</p> <p><input type="checkbox"/> failing vision</p> <p><input type="checkbox"/> nosebleeds</p> <p><input type="checkbox"/> sinus infection</p> <p><input type="checkbox"/> sore throat</p> <p><input type="checkbox"/> tonsillitis</p> <p><b><u>SKIN</u></b></p> <p><input type="checkbox"/> bruise easily</p> <p><input type="checkbox"/> hives</p> <p><input type="checkbox"/> itching/dryness</p> <p><input type="checkbox"/> rashes</p> | <p><b><u>CARDIO-VASCULAR</u></b></p> <p><input type="checkbox"/> ankle swelling</p> <p><input type="checkbox"/> blood pressure – high</p> <p><input type="checkbox"/> blood pressure – low</p> <p><input type="checkbox"/> chest pain</p> <p><input type="checkbox"/> heartbeat – irregular</p> <p><input type="checkbox"/> heartbeat – rapid</p> <p><input type="checkbox"/> heartbeat – slow</p> <p><input type="checkbox"/> poor circulation</p> <p><input type="checkbox"/> varicose veins</p> <p><b><u>RESPIRATORY</u></b></p> <p><input type="checkbox"/> chronic cough</p> <p><input type="checkbox"/> difficulty breathing</p> <p><input type="checkbox"/> painful breathing</p> <p><input type="checkbox"/> spitting up blood</p> <p><input type="checkbox"/> spitting up phlegm</p> <p><input type="checkbox"/> wheezing</p> <p><b><u>GENITO-URINARY</u></b></p> <p><input type="checkbox"/> bed wetting</p> <p><input type="checkbox"/> blood/pus in urine</p> <p><input type="checkbox"/> frequent urination</p> <p><input type="checkbox"/> kidney infection</p> <p><input type="checkbox"/> painful urination</p> <p><input type="checkbox"/> prostate trouble</p> <p><b><u>WOMEN ONLY</u></b></p> <p><input type="checkbox"/> backache/cramps</p> <p><input type="checkbox"/> congested breasts</p> <p><input type="checkbox"/> constant menstrual flow</p> <p><input type="checkbox"/> heavy menstrual flow</p> <p><input type="checkbox"/> hot flashes</p> <p><input type="checkbox"/> irregular cycle</p> <p><input type="checkbox"/> menopausal symptoms</p> <p><input type="checkbox"/> pms/perimenopausal</p> <p><input type="checkbox"/> vaginal discharge</p> <p><input type="checkbox"/> pregnant (at this time)</p> | <p><b><u>DIAGNOSED</u></b></p> <p><input type="checkbox"/> alcoholism</p> <p><input type="checkbox"/> anemia</p> <p><input type="checkbox"/> appendicitis</p> <p><input type="checkbox"/> arthritis</p> <p><input type="checkbox"/> auto-immune disease</p> <p><input type="checkbox"/> cancer</p> <p><input type="checkbox"/> crohns disease</p> <p><input type="checkbox"/> chronic fatigue</p> <p><input type="checkbox"/> cold sores</p> <p><input type="checkbox"/> diabetes</p> <p><input type="checkbox"/> environmental sensitivities</p> <p><input type="checkbox"/> eczema</p> <p><input type="checkbox"/> emphysema/c.o.p.d.</p> <p><input type="checkbox"/> epilepsy</p> <p><input type="checkbox"/> goiter</p> <p><input type="checkbox"/> gout</p> <p><input type="checkbox"/> heart disease</p> <p><input type="checkbox"/> hepatitis</p> <p><input type="checkbox"/> hernia</p> <p><input type="checkbox"/> lumbago</p> <p><input type="checkbox"/> lyme disease</p> <p><input type="checkbox"/> measles</p> <p><input type="checkbox"/> miscarriage</p> <p><input type="checkbox"/> multiple sclerosis</p> <p><input type="checkbox"/> mumps</p> <p><input type="checkbox"/> pleurisy</p> <p><input type="checkbox"/> pneumonia</p> <p><input type="checkbox"/> polio</p> <p><input type="checkbox"/> rheumatic fever</p> <p><input type="checkbox"/> sciatica</p> <p><input type="checkbox"/> sexually transmitted disease</p> <p><input type="checkbox"/> stroke</p> <p><input type="checkbox"/> ulcer</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

After completing this form, your signature will verify that you have read the case history questions entirely, and that all of the information you have provided is accurate.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Fees are payable when services are rendered, unless prior arrangements have been made.