CONFIDENTIAL PATIENT CASE HISTORY

ALTERNATIVE HEALTH SOLUTIONS

Name (please p	orint)		Height	Weight
ex	Marital Status	No. of Children/age:	S	
Vhat is your <u>p</u>	rimary complaint?			d this condition? ndition before?
Vhat activities o	aggravate the problem?			····
s this condition s the condition	interfering with yourworksleep getting progressively worse?	☐ daily routine ☐ ☐ constant	othercome	es and goes
Other complai	ints:			
low long has le	hoop gipon you regilly falt cood?	27		9
now iong rias is Previous diagno	been since you really felt good? osis and treatments you have received fo	r present condition;		
Nhat do <u>you be</u> Please list surge	elieve is wrong with you?			
10030 Har aut go	9105.			
(1)			Year	
3)			Year	
4)			Year	
lave you been lave you ever h lave others in y	In an auto accident? nad any mental or emotional disorders? our family had such disorders?	past year po When? When?	ast five years	☐ over five years
Please mark	your areas of pain on the figures belo	ow		
		Doctor comme	ents:	
0	3 00			
☐ Been t	ked unconscious? Used a crutol freated for a spine or nerve disorder? ate of last Physical exam Spinal x-ray Urlnalysis	☐ Been hospitalized	d for other re	easons than surgery?
ii ii	Spinal x-ray Urlnalysis	M.R.I. or	C.A.T. Scan	
o you wish this	care to be regarded as work comp or o	auto? If yes, v	why?	
s this case in litie	gation? If yes, with whom?			
lave you had p			's name	

(please complete other side)

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 <u>have been</u> and <u>continue to be</u> prominent in your health history in the past 10 years.

	LIFESTYLE		GASTRO-INTESTINAL		CARDIO-VASCULAR		DIAGNOSED
	alcohol		acid reflux/heartburn		ankle swelling		alcoholism
	tobacco	10-00	belching/gas	4.	blood pressure – high		anemia
	coffee	70	colitis		blood pressure - low		appendicitis
	drugs		colon trouble	-	chest pain		arthritis
s-	diet soda		constipation		heartbeat – irregular		
		-	A CONTRACTOR OF THE CONTRACTOR	-	Same and the second of the second of the second		auto-immune
· · · · · · · · · · · · · · · · · · ·	artificial swinrs		diarrhea		heartbeat – rapid		disease
1.	serious exercise		digestion problems		heartbeat – slow		concer
	CENEDAL		excessive hunger	-	poor circulation		crohns disease
	GÉNERAL		gall bladder trouble		varicose veins		chronic fatigue
-	convulsions		g.e.r.d.		DECRIP 4 TO DV		cold sores
	dizziness		hemorrhoids		RESPIRATORY		diabetes
	fainting		liver trouble		chronic cough		environmental
	fatigue		nausea/vomiting		difficulty breathing		sensitivities
	fever	-	poor appetite	8	painful breathing		eczema
	headache	,	vomiting blood		spitting up blood		emphysema/c.o.p.d.
	loss of sleep			100	spitting up phlegm		epilepsy
	loss of weight		EYES, EARS, NOSE		wheezing		goiter
	nerves/depression		<u>& THROAT</u>				gout
	neuralgia		allergic reactions		GENITO-URINARY		heart disease
	numbness	-	asthma	<u></u>	bed wetting		hepatitis
	sweats		dental/gum problems		blood/pus in urine		hernia
	tremors		earache		frequent uringtion		lumbago
			ear discharge	-	kidney infection		lyme disease
	MUSCLE JOINT		ear noise		painful urination		measles
	back pain		enlarged glands		prostate trouble		miscarriage
	bursitis	222	eye pain				multiple sclerosis
	foot trouble		failing vision		WOMEN ONLY		mumps
	joint pain/stiffness	- 4 5	nosebleeds		backache/cramps		pleurisy
20 - 20 A A A A A A A A A A A A A A A A A A	neck pain/stiffness		sinus infection		congested breasts	<u> </u>	pneumonia
	numbness – arm/shldr		sore throat	4	constant menstrual flow		polio
	numbness hand/wrist		tonsilitis		heavy menstrual flow		rheumatic fever
	numbness - hip/leg				hot flashes		sciatica
	numbness - knee/foot		SKIN	-	irregular cycle	0	sexually transmitted
	painful tail bone		bruise easily		menopausal symptoms		disease
	pain in extremities		hives		pms/perimenopausal		stroke
-	shoulder blade pain		itching/dryness		vaginal discharge		ulcer
	spinal curvature	-	rashes		pregnant (at this time)		
	swollen joints						
	r completing this for rely, and that all of th				at you have read the d ided is accurate.	case i	history questions
Sign	ature				Date		

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