

**Frederick
Chiropractic**

**Kenneth B. Frederick, D.C.
2501 Mile Hill Dr. Ste A-101
Port Orchard, WA 98366
(360)895-4843**

PAST HEALTH HISTORY

Name: _____ Date: _____

Please indicate for each of the questions below your experience by use of the following codes:

1- Never 2-Previously Had 3-Presently Have

Musculoskeletal System

- Low back problems
- Pain between shoulders
- Neck problems
- Head pain
- Arm problems
- Leg problems
- Swollen joints
- Painful joints
- Weak muscles
- Walking problems
- Disc problems
- Poor posture
- Pain-shoulder/arm/hand
- Rib cage pain
- Painful tailbone
- Buttock pain
- Hip pain
- Leg pain-lower/upper

General

- Fatigue
- Allergies
- Loss of sleep
- Fever
- Headaches
- Gastrointestinal**
- Poor appetite
- Excessive hunger
- Excessive thirst
- Vomiting blood
- Liver trouble
- Gall Bladder
- Weight trouble
- Bloating after meals
- Heartburn
- Black/bloody stool

**Cardiovascular/
Respiratory System**

- Chest pain
- Pain over heart
- Difficulty breathing
- Persistent cough
- Coughing blood
- Rapid heart rate
- Blood pressure problems
- Heart problems
- Lung problems
- Varicose veins
- Ankle swelling
- Stroke
- Eye, Ear, Nose & Throat**
- Vision problems
- Ear noises
- Difficult speech
- Facial/jaw pain

Genitourinary System

- Bladder trouble
- Painful urination
- Discolored urine
- Bed wetting
- Male/Female**
- Prostate
- HIV positive
- Breast pain
- Breast-lumps/congested
- Periods-painful/excess
- Periods-irregular/cramp
- Hot flashes
- Menopause

Female Only

- Date of last period?

- Are you pregnant?
 Yes No Not sure

Nervous System

- Nervousness
- Numbness
- Paralysis
- Dizziness
- Forgetfulness
- Confusion/Depression
- Fainting
- Convulsions
- Cold/tingling extremities
- Stress
- Tremors

Childhood injuries/traumas:

<p>Dr's Notes:</p> <p>_____ _____</p>
