

First Name		Middle	Last		Nickname
Marital Status married not married	Spouse's Name		Spouse DOB	Preferred Language English _____	
Address			City	State	Zip
Home Phone		Work Phone	Cell Phone		Email
Date of Birth	Mother's Maiden Name		Social Security #		Gender male female
Race/Ethnicity Asian	Native American African American	Caucasian Latino/Hispanic	Pacific Islander Not Specified	Multi Racial Yes No Unknown	

## YOUR Health Data

**Vital Signs:** Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_

### Present & Past Illness and/or Conditions:

Arthritis	Fibromyalgia	Hypertension	Scoliosis
Cancer	Fractures	Joint Replacement	Spinal Compression Fx
Currently Pregnant YES due date _____	Headaches ____/wk	Osteoporosis	Thyroid
Diabetes	Heart Disease	Pacemaker	_____
	Herniated Disc	Respiratory	_____

**List Past Surgery(s) & year** \_\_\_\_\_

Health Care Professionals seen for current condition?

<b>Prescription Meds</b> - dose & frequency	See Attached List	<b>Medication Allergies</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Family History

Arthritis _____	Heart Disease _____	Scoliosis _____	Diabetes _____
Cancer _____	Hypertension _____	Back Surgery _____	_____

## Social History

Alcohol Consumption? Yes No  
 Coffee consumption? Yes No  
 Soda pop consumption? Yes No  
 Water Consumption: \_\_\_\_glasses  
 Sleep Amount? \_\_\_\_hours/night  
 Exercise Frequency: x \_\_\_\_per week  
 type \_\_\_\_\_

## Smoking History

Current Everyday  
 Occasional Smoker  
 Former Smoker  
 Never Smoked  
 Years Smoked \_\_\_\_\_  
 Packs per day \_\_\_\_\_  
 Level of Interest in Quitting  

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

least most

## Work History

Job Description: \_\_\_\_\_  
 Work Schedule: \_\_\_\_\_  
 Physical Activities: \_\_\_\_\_  
 Physical Stress on the job:  
 Low Medium High