

**Champion Chiropractic**

4532 E. Lone Mountain Rd. STE 107

Cave Creek, AZ 85331

480-595-0001

**CONFIDENTIAL PATIENT CASE HISTORY**

**Patient Name** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

**Major Complaint** \_\_\_\_\_ **Date of Onset** \_\_\_\_\_

**Other Complaints** \_\_\_\_\_

**Please Circle any of the following symptoms which you now have or previously had.**

**General**

- Food Allergies
- Seasonal Allergies
- Dizziness
- Fatigue
- Fevers
- Headaches
- Insomnia
- Stress
- Numbness/Tingling
- Sweats

**Muscle & Joint**

- Arthritis
- Bursitis
- Foot Pain
- Hernia
- Low Back Pain
- Neck Pain
- Shoulder Pain
- Arm Pain
- Elbow Pain
- Hand Pain
- Hip Pain
- Leg Pain
- Knee Pain
- Leg Cramping
- Tail Bone Pain
- Spinal Curvature
- Sciatic

**Gastro-Intestinal**

- Belching
- Colitis
- Gas
- Constipation
- Diarrhea
- Difficult Digestion
- Abdominal Bloating
- Excessive Hunger
- Gall Bladder Problems
- Liver Problems
- Nausea
- Stomach Pain
- Gastric Reflux
- Vomiting

**Eyes, Ears, Nose & Throat**

- Asthma
- Colds
- Hearing Problems
- Earache
- Enlarged Glands
- Thyroid Problems
- Eye Pain
- Failing Vision
- Nosebleeds
- Sinus Infections
- Sore Throat/Tonsillitis

**Cardio Vascular**

- Hardening of Arteries
- High Blood Pressure
- Low Blood Pressure
- Pain over heart
- Poor Circulation
- Swelling of ankles

**Respiratory**

- Chest Pain
- Chronic cough
- Difficult Breathing/wheezing
- Phlegm/ blood

**Skin**

- Bruise Easily
- Dryness/itching
- Skin eruptions (Rash)
- Varicose Veins

**Genitourinary**

- Bed Wetting
- Blood in Urine
- Frequent Urination
- Painful Urination
- Prostate Problems
- Kidney Stones

**Women ONLY**

- |                          |     |    |
|--------------------------|-----|----|
| Are You Pregnant?        | YES | NO |
| Cystic Breasts           | YES | NO |
| Excessive Menstrual Flow | YES | NO |
| Cramps                   | YES | NO |
| Hot Flashes              | YES | NO |
| Menopausal?              | YES | NO |
| Irregular Cycle          | YES | NO |

**List Medications/Vitamins/Supplements**

\_\_\_\_\_

**List Surgeries/Other Medical Conditions**

\_\_\_\_\_

**Please circle the following conditions that apply to you**

- |            |                |                    |          |               |
|------------|----------------|--------------------|----------|---------------|
| Alcoholism | Epstein-Barr   | Multiple Sclerosis | HIV      | Tuberculosis  |
| Cancer     | Fibromyalgia   | Polio              | Ulcers   | Heart Disease |
| Diabetes   | Goiter/Thyroid | Rheumatic Fever    | Epilepsy | Stroke        |
| Emphysema  | Gout           |                    |          |               |

**Have you had previous Chiropractic Care?** \_\_\_\_\_ **If Yes, date of last visit.** \_\_\_\_\_

**Did you sustain your injury at work?** \_\_\_\_\_ **If yes, describe.** \_\_\_\_\_