



Rickards Precision Chiropractic & Wellness

HEALTH HISTORY

Name: _____ DOB: ____ / ____ / ____

Address: _____

City/State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Occupation: _____ Employer: _____

Spouse: _____ Children (name/age): _____

Who Referred You to Us? _____

Reason for Consulting Our Office: _____

Past Chiropractic Care? YES / NO Date of Last Visit: _____

Name/Location: _____

Current Medical Care? YES / NO Why? _____

Current Drugs/Medications: _____

PLEASE CHECK THE ONE CHOICE THAT MOST CLOSELY DESCRIBES YOUR CURRENT GOALS FOR HEALTH/WELLBEING.

- I am only concerned about relief of a particular symptom
- I am only concerned about relief of a particular symptom, and preventing its return
- I want optimum health and wellbeing on every level available to me

PLEASE CHECK ALL THAT APPLY:

MEDICARE

AUTO ACCIDENT DATE OF INJURY: _____

WE ACCPT PAYMENT BY CASH, CHECK AND CREDIT CARD

I understand that all services are to be paid in full at the time of service, unless other arrangements have been made and agreed upon in writing.

Signature _____ Date _____

PLEASE TELL US ABOUT ANY STRESS AT YOUR BIRTH:

- Drugs/medicine/tobacco/alcohol in pregnancy Explain: _____
- Labor chemically induced? _____
- Forceps/Vacuum Extraction/C-section _____
- Premature delivery? _____
- Vaccinations? _____
- Falls in first year of life? _____
- Any health related problems? _____

PLEASE TELL US ABOUT ANY STRESS ASSOCIATED WITH CHILDHOOD:

- Any falls or injuries? Explain: _____
- Allergy/Asthma or Respiratory problems? _____
- Ear infections? _____
- Digestive problems? _____
- Hyperactivity? _____
- Any other health related problems? _____

PLEASE TELL US ABOUT ANY STRESS UP TO PRESENT:

- Auto Accident or Injury? Explain: _____
- Work Injury? _____
- Sports Injury? _____
- Work Stress? _____
- Family/Home Stress? _____
- Prescription Drug Use? _____
- Non-Prescription Drug Use? _____
- Ever Hospitalized? _____
- Surgery? _____
- Any Major Illness? _____
- Limited Exercise? _____
- Poor Nutrition? _____

Comments: _____

