

# DESERT MOUNTAIN HEALTH CENTER

## HISTORY FORM B

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Have you ever had your spine or nervous system examined professionally? \_\_\_\_\_

If yes, when and by whom? \_\_\_\_\_

Have you ever received chiropractic spinal adjustments by a Doctor of Chiropractic?

When? \_\_\_\_\_ By Whom? \_\_\_\_\_

If you stopped receiving adjustments, why? \_\_\_\_\_

Were you pleased with the results? \_\_\_\_\_

What do you hope to receive from Network Adjustments? \_\_\_\_\_

\_\_\_\_\_

Chiropractic is based upon the location and adjustment of vertebral subluxations. These are caused by any stress your body cannot properly adapt to or recover from. These stresses may physical, chemical or emotional in nature.

Please describe any falls, accidents or other trauma you have undergone: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been involved in a vehicle collision or near collision (even as a passenger, even if you do not think you were hurt)? Please list approximate dates and severity (mild, moderate or extreme).

Auto/truck/van: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Bus, bicycle, motorcycle, train, airplane, etc: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have knowledge of any stress or illness relating to your mother during her pregnancy with you, or during your birth? \_\_\_\_\_ Please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



What surgery have you had (please give date)? \_\_\_\_\_

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Check any of the following you have had:

spinal injections	spinal tap	physical therapy	neck collar	spinal brace
bone in cast or immobilized	heel lift	x-ray treatments	corrective shoes	bars on shoes
extensive diagnostic x-rays	acupuncture	chemotherapy	transfusion	traction

**CHEMICAL STRESS**

Are you now taking any drug (over-the-counter, recreational or prescription)? Please list: \_\_\_\_\_

Are these drugs being prescribed by a physician? \_\_\_Yes \_\_\_ No

Last Visit: \_\_\_\_\_

Were you previously taking any drugs regularly? \_\_\_Yes \_\_\_ No

Please list: \_\_\_\_\_

Do you now or have you ever worked with any chemical fume, dust, powder or smoke for prolonged periods? If yes, please describe: \_\_\_\_\_

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Do you use or have you ever used tobacco products? \_\_\_Yes \_\_\_ No

Please describe: \_\_\_\_\_

Next to each dietary item that you use, grade it according to the following scale:

- |  |   |
|--|---|
| <b>O</b> =Do not consume                                       | <b>W</b> =Consume weekly                  |
| <b>M</b> =Consume this monthly                                 | <b>FD</b> =Consume this a few times a day |
| <b>FW</b> =Consume this a few times a week                     |   |
| <b>FM</b> =Consume this a few times a month (less than weekly) |   |

Raw vegetables		Fish/Seafood		Soda/Pop	
Fruit		Organic foods		Diet foods	
Whole grains		Pasta		Sugar	
Dairy/Milk products		Eggs		Artificial sweetener	
Beef		Cooked vegetables		Coffee/Tea	
Poultry		Fried foods		Alcohol	

The type of diet I usually follow is classified as: \_\_\_\_\_

**EMOTIONAL/MENTAL STRESS:**

Check any of the following spinal stresses you have had, **P** for past or **C** for current:

	Mild		Moderate		Extreme			Mild		Moderate		Extreme	
	P	C	P	C	P	C		P	C	P	C	P	C
Childhood stress							Work-related stress						
School stress							Stress of commuting						
Play or recreational							Loss of loved one						
Family stress							Change in lifestyle						
Personal relationships							Change in vocation						
Stress of illness							Abuse						

Grade your physical health:

\_\_\_\_\_ excellent    \_\_\_\_\_ good    \_\_\_\_\_ fair    \_\_\_\_\_ poor

\_\_\_\_\_ getting better                      \_\_\_\_\_ getting worse

Rate your emotional health:

\_\_\_\_\_ excellent    \_\_\_\_\_ good    \_\_\_\_\_ fair    \_\_\_\_\_ poor

\_\_\_\_\_ getting better                      \_\_\_\_\_ getting worse

If you consider yourself ill, why do you feel you are ill? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you consider yourself well, why do you feel you are well? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there anything else you would like us to know which may help us to better understand you, which has not been discussed? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**YOUR COMPLETION OF THIS INFORMATION CONTRIBUTES TO YOUR HEALING!**

**THANK YOU**