Bruce County Chiropractic And Rehabilitation Center

5098 Highway 21 Port Elgin, ON N0H 2C5

Health Status Survey

Patient Name: _____ File #: _____ Date: _____

Please check V in the box for those conditions or symptoms that you have had in the past. Please X the box for any conditions or symptoms presently causing you problems.

General Symptoms

- ☐ Loss of consciousness
- ☐ Blackouts
- ☐ Headache
- ☐ Migriane
- ☐ Fever
- ☐ Excess Sweating
- ☐ Night Sweats
- ☐ Loss of weight
- ☐ Night Pain
- ☐ Generalized Pain
- ☐ Nervousness
- ☐ Convulsions
- ☐ Loss of Sleep
- ☐ Mental illness

Neurologic

- ☐ Dizziness
- ☐ Fainting
- ☐ Problem Speaking
- ☐ Problem Swallowing
- ☐ Blurred Vision
- ☐ Double Vision
- ☐ Nausea
- ☐ Clumsiness
- ☐ Numbness or Tingling
- ☐ Seizures

Respiratory

- ☐ Asthma
- ☐ Chronic Cough
- ☐ Spitting up phlegm
- ☐ Spitting up blood
- ☐ Difficulty breathing
- ☐ Bronchitis
- ☐ Emphysema

Muscle and Joints

- ☐ Sore/Stiff Neck
- ☐ Mid back ache
- ☐ Low back ache
- ☐ Painful Tailbone
- ☐ Shoulder Pain
- ☐ Arm/forearm pain
- ☐ Elbow pain
- ☐ Wrist/hand pain
- ☐ Hip pain
- ☐ Knee pain
- ☐ Ankle/foot trouble
- ☐ Arthritis
- ☐ Loss of strength
- ☐ Osteoporosis

Internal pins, wires, or artificial joints?

Eyes/Ears/Nose/Throat

- ☐ Failing Vision
- ☐ Eye Pain
- ☐ Failing Hearing
- ☐ Earache
- ☐ Ring/ buzz in ears
- ☐ Frequent Colds
- ☐ Sinus Infection
- ☐ Enlarged Thyroid
- ☐ Enlarged Glands

Skin Conditions

- ☐ Rashes/ Itchy
- ☐ Bruise easy
- ☐ Dryness
- ☐ Boils
- ☐ Hives (allergies)
- ☐ Infectious skin condition

Medications:

Cardiovascular

- ☐ Bleeding Disorder
- ☐ High blood Pressure
- ☐ Low Blood Pressure
- ☐ Chest pain
- ☐ Chronic Congestive Heart Failure
- ☐ Stroke
- ☐ Hardening of arteries
- ☐ Varicose Veins
- ☐ Swelling of ankles
- ☐ Poor circulations
- ☐ Heart/blood disease
- ☐ Angina
- ☐ Pacemaker
- ☐ Haemophilia

Genitourinary

- ☐ Trouble urinating
- ☐ Blood in urine
- ☐ Kidney infection
- ☐ Bedwetting
- ☐ Prostate trouble

GU for Women

- ☐ Painful menstruation
- ☐ Excessive flow
- ☐ Hot Flashes
- ☐ Irregular/absent cycle
- ☐ Cramping/backache
- ☐ Vaginal discharge
- ☐ Swollen breast
- ☐ Lump in breast

Currently on birth control pills/patch?
☐ Yes ☐ No
Previously on birth control pills/patch?
☐ Yes ☐ No
# of pregnancies ____
# of children _____
Currently Pregnant ___

Gastrointestinal

- ☐ Poor appetite
- ☐ Indigestion
- ☐ Excess Hunger
- ☐ Belching/Gas
- ☐ Vomiting
- ☐ Pain over stomach
- ☐ constipation
- ☐ Diarrhea
- ☐ Haemorrhoids
- ☐ Jaundice
- ☐ Gall bladder
- ☐ Intestinal worms
- ☐ Ulcer
- ☐ Diabetes

Allergies or hypersensitivities:

Do you currently smoke?
☐ Yes ☐ No If yes, How much?
Previously smoke?
If yes, How much?

Have you ever been hospitalized? why/when?

Have you ever been diagnosed with

Cancer_____
HIV/Aids_____
Hep A/B/C_____
Herpes_____

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Symptom Diagram

In the diagrams provided below, please mark the areas on your body, which you feel best represent the pain(s) or sensation(s) you are experiencing. Please include ALL areas. Use the symbols provided below.

Symbols:

Numbness = = = = Pins and Needles o o o o Burning x x x x

Stabbing & Sharp ~ ~ ~ ~ Dull & Aching △ △ △ △ Stiff & Tight 2 2 2 2

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