

What are you here to see the doctor for? _____

List Your Health History

Childhood Illnesses _____

Adult Illnesses (i.e. asthma, hypertension, psoriasis, psychological etc.)

Surgeries _____

Hospitalizations _____

Accidents or Injuries _____

Allergies _____

Current Medication _____

Family Health History

List Health Problems or Cause of Death _____

Are your daily physical demands sedentary, light, moderate, heavy, or very heavy?

Are you interested in healthy fitness evaluation and training? Yes ___ No ___

Are you interested in nutritional education and counseling? Yes ___ No ___

Do you feel you need stress management? Yes ___ No ___

Do you have other joint problems you would like to have evaluated? Yes ___ No ___
(Circle) TMJ – Shoulder – Elbow – Wrist – Hip – knee – Ankle - Foot