

Easy Street Clinic
 7202 E Carefree Drive
 Carefree, AZ 85377-2872
 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
 Excessive Menstrual Flow
 Cramps
 Hot Flashes
 Menopausal? YES NO
 Irregular Cycle

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 injury at work? _____ **If yes, Describe.** _____

Is your visit a result of an accident? _____ **If yes, Describe.** _____