



HYLAND FAMILY CHIROPRACTIC

"Achieving Wellness Naturally"

240 S. Main Street, Monroe, OH 45050 513-360-2930

www.HylandFamilyChiro.com

CASE HISTORY

Name _____ DATE _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 H.PHONE(____) _____ W.PHONE(____) _____ DATE OF BIRTH _____ (AGE _____)
 EMAIL _____
 OCCUPATION _____ EMPLOYER _____
 MARITAL STATUS: S M D W SPOUSE'S NAME _____
 SPOUSE'S OCCUPATION _____ NUMBER OF CHILDREN & AGES _____
 HAVE YOU EVER RECEIVED CHIROPRACTIC CARE? YES NO

ABOUT YOUR HEALTH

The human body is designed to be healthy. Throughout life, events occur which damage your health. This case history will uncover the layers of damage, especially to your nerve system, that resulted in poor health. Following your exam, a course of care to begin to correct these layers of damage and recover your innate health potential will be outlined.

LOSS OF WELLNESS

Let's begin at birth when your nerve system was first damaged and began your journey to ill health.

YES	NO	1. Birth Process	Comments
_____	_____	Did your mother fall during pregnancy? _____	
_____	_____	Was the delivery long? _____	
_____	_____	Was the delivery difficult? _____	
_____	_____	Forceps? _____	
_____	_____	Cesarean? _____	
_____	_____	Breach? _____	
_____	_____	Home birth? _____	
_____	_____	Hospital birth? _____	
_____	_____	Mother given drugs during delivery? _____	
_____	_____	Was labor induced? _____	
YES	NO	2. Growth & Development (Birth-Teenage Years)	Comments
_____	_____	Were you taught to care for your spine? _____	
_____	_____	Did you fall out of bed? _____	
_____	_____	Did you have childhood sickness? _____	
_____	_____	Did you have accidents? _____	
_____	_____	Did you have surgery? _____	
_____	_____	Did you take drugs? _____	
_____	_____	Did you experience child abuse? _____	
_____	_____	Chair pulled out when sat down? _____	
_____	_____	Fall down stairs? _____	
_____	_____	Any other traumas? _____	

YES NO 3. LOSS OF WHOLE BODY HEALTH

- Did/ do you smoke? _____
- Did/ do you drink any alcohol? _____
- Diet (Do you eat healthy foods?) _____
- Have you been in accidents? _____
- Have you had surgery & organs removed/ replaced? _____
- Did/ do you take drugs prescriptive or non-prescriptive? _____
- Did/ do you have occupational stress? _____
- Did/ do you have physical stress? _____
- Did/ do you have mental stress? _____
- Did/ do you have sports injuries? _____

PRIMARY REASON FOR CONSULTING OFFICE

Finally, the years of continuing damage showed up as acute or chronic symptoms.

Present complaint _____

Pain or problem started on _____

Pains are: _____ SHARP _____ DULL _____ CONSTANT _____ INTERMITTENT

Intensity: _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10

Frequency: _____ Daily _____ 2-3 times weekly _____ Sporadic

Is this condition worse at certain times of the day? ___ Morning ___ Afternoon ___ Evening ___ During sleep

Is this condition interfering with work? _____ sleep? _____ routine? _____ other? _____

Is this condition getting progressively worse? _____ Other doctors seen for this _____

Are you using any home remedies? _____

OTHER SYMPTOMS:

- _____ HEADACHES _____ PINS & NEEDLES IN LEGS _____ LOSS OF SMELL
- _____ NECK PAIN _____ NUMBNESS IN FINGERS _____ LOSS OF TASTE
- _____ SLEEPING PROBLEMS _____ NUMBNESS IN TOES _____ DIARRHEA
- _____ BACK PAIN _____ SHORTNESS OF BREATH _____ FEET COLD
- _____ NERVOUSNESS _____ FATIGUE _____ HANDS COLD
- _____ TENSION _____ DEPRESSION _____ STOMACH UPSET
- _____ IRRITABILITY _____ LIGHTS BOTHER EYES _____ CONSTIPATION
- _____ CHEST PAINS _____ LOSS OF MEMORY _____ COLD SWEATS
- _____ DIZZINESS _____ EARS RING _____ LOSS OF BALANCE
- _____ FACE FLUSHED _____ FEVER _____ BUZZING IN EARS
- _____ NECK STIFF _____ FAINTING _____ OTHER SYMPTOMS

Have you been under medical care recently or for this problem? _____

Have you been taking prescriptive or non-prescriptive drugs _____

Have you had surgery? _____ Any side effects from drugs or surgery? _____

Is there a family history of:

Fathers side HEART DISEASE ARTHRITIS CANCER DIABETES OTHER
Mothers side _____

ABOUT YOUR CARE

Chiropractic provides three types of care. The first is **Initial Intensive Care** which corrects the most recent layer of Spinal and Neurological damage (VSC). This care usually reduces or eliminates the symptoms. Then begins **Reconstructive Care** which corrects the years of damage that occurred when there were few symptoms. And finally, Chiropractic offers a genuine approach to **Wellness Care**. All of these options will be explained at your report of findings. Then you'll be able to begin a course of care that fits your health goals.

Dr. Signature _____ Date _____