POWELL
CHIROPRACTIC CLINIC
FUNCTIONAL NEUROLOGY
& FAMILY CHIROPRACTIC CARE

MIKE POWELL, D.C., DACNB
Functional Neurology
KOURTNÉ SHANAHAN, D.C.
Family Chiropractic Care

New Patient Health History Intake

Demographics

Name_____ Date of birth_____

Age_____ Gender_____ What do you prefer to be called? _____

Address_____

City_____ State_____ Zip_____

Home Phone Number_____ Cell Phone_____

Email Address_____ SS#_____

Spouse's name_____

Children's names and ages _____

_____

Health History

Family Physician_____

Please list below **ALL** medications including supplements with dosages and times of day taken.

_____

_____

_____

_____

_____

_____

_____

Are you allergic to anything? _____ if yes, please list_____

Previous surgeries and dates of surgery:

_____

_____

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Check all that apply to you:

Do you have previous **PERSONAL** history of:

- o Abnormal bleeding
- o Alcohol abuse
- o Allergies
- o Anemia
- o Arthritis
- o Artificial bones/joints
- o Asthma
- o Autoimmune disorder
- o Cancer
- o Chemotherapy
- o Colitis
- o Connective tissue disorder
- o Congenital heart defect
- o Depression
- o Diabetes
- o Dizziness
- o Difficulty breathing
- o Drug abuse
- o Emphysema
- o Epilepsy
- o Fainting spells
- o Fatigue
- o Glaucoma
- o Gout
- o Headaches
- o Heart problems
- o Hepatitis
- o High blood pressure
- o HIV/AIDS
- o Hospitalized for any reason
- o Kidney Problems
- o Liver disease/problems
- o Low blood pressure
- o Lupus
- o Lyme's disease
- o Osteoporosis
- o Osteopenia
- o Pacemaker
- o Persistent cough
- o Psychiatric problems
- o Radiation treatment
- o Rheumatoid arthritis
- o Sciatica
- o Scoliosis
- o Seizures
- o Shingles
- o Sinus problems
- o Sleep issues
- o Stroke
- o Suicidal tendencies
- o Thyroid problems
- o TMJ issues
- o Tonsillitis
- o Tremors/ticks
- o Tuberculosis
- o Ulcers

Women only: check all that apply to you:

- o Using birth control
- o Pregnant
  - o If yes how far along? _____
- o Nursing
- o Irregular or painful periods
- o Menopause
- o At what age_____

For Office Staff Only

Ht _____ Wt _____ BP _____

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