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This is a COMPLETE health history. Please provide information on anything that pertains to you.

Name _____
 Address _____
 City _____ State _____ Zip _____
 Telephone (____) _____ Alternate Phone (____) _____
 Age ____ Birth Date ____ / ____ / ____ Sex M F # Children ____
 Marital Status M S W D

Occupation _____ Employer _____
 Spouse's name _____ Occupation _____
 Emergency Contact _____

How did you find out about our office?
 Referred by Person _____
 Advertisement Phone Directory Web Search

Main Complaint

Secondary / Other

How long have you had this condition? _____
 Have you had this or a similar condition in the past? _____
 What activities aggravate your condition? _____
 Is this condition progressively getting worse? _____
 Is this condition interfering with your: **work** **sleep** **daily routine** **other**
 How long has it been since you really felt good? _____

TURN OVER 

Injuries

Surgeries

Diseases

Medications (pharmaceutical and over the counter)

Regarding main complaint and other important health care issues, please list other health care practitioners consulted:

Chiropractor _____

Medical Doctor / Osteopath _____

Dentist / Alternative _____

Imaging history: X-Ray CT Scan MRI Other

Length of time under care _____ Were your results: **good** **fair** **poor**

Comments: _____

Is this an active workers compensation, personal injury, or auto accident case? Y N

I have filled out this history form as accurately as possible. I recognize that **I AM SOLELY RESPONSIBLE FOR PAYMENT** of services rendered.

Patient's Signature _____ Date ___ / ___ / ___

Parent's Signature if minor _____ Date ___ / ___ / ___

Please check ALL items that may pertain to you:

NECK

- Neck pain
- Neck pain with movement:
 - Forward
 - Backward
 - Turn to left
 - Turn to right
 - Bend left
 - Bend right
- “Pinched” nerve
- Feels out of place
- Muscle spasms
- Grinding sounds
- Popping sounds

HEAD

- Headache:
 - Sinus
 - Entire head
 - Back of head
 - Forehead
 - Temples
 - Migraine
- Head feels heavy
- Loss of memory
- Light headedness
- Fainting
- Light bothers eyes
- Blurred vision
- Double vision
- Loss of vision
- Loss of taste
- Loss of balance
- Dizziness
- Loss of hearing
- Pain in ears
- Ringing in ears
- Buzzing in ears

ARMS & HANDS

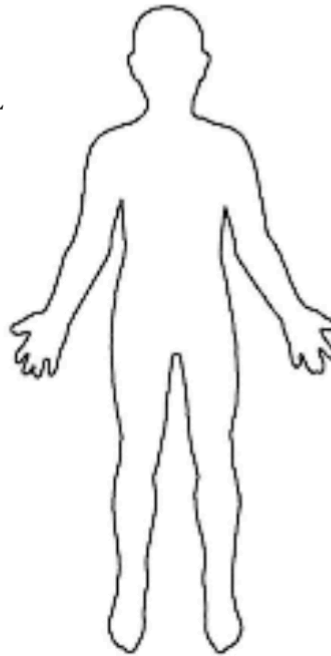
- Pain in upper arm
- Pain in elbow
- Aggravated by movement
- Tennis elbow
- Pain in forearm
- Pain in hands
- Pain in fingers
- Pins and needles in arms
- Pins and needles in hands
- Numbness in arms R / L
- Numbness in fingers R / L
- Fingers go to sleep
- Hands cold
- Swollen joints in fingers
- Sore joints and fingers
- Arthritis in fingers
- Loss of grip strength

CHEST

- Chest pain
- Shortness of breath
- Pain around ribs
- Breast pain
- Dimpled /orange peel breast
- Irregular heartbeat

SHOULDERS

- Shoulder joint pain R / L
- Pain across shoulders
- Tension
- Muscle spasms
- Bursitis
- Pain between shoulders
- Can't raise arm
 - Above shoulder level
 - Over head
 - Around back



MID-BACK

- Mid-back pain
- Pain between shoulder blades
- Sharp stabbing
- Dull ache
- Pain from front to back
- Muscle spasms
- Pain in kidney areas

GENERAL

- Nervousness
- Irritable
- Depressed
- Fatigue
- Generally feel run-down
- Loss of sleep—hrs/night
- Loss of weight—lbs.
- Weight gain—lbs.
- Coffee—cups/day
- Tea—cups/day
- Cigarettes—packs/day
- Other
- Diabetes
- Hypoglycemia

ABDOMEN

- Nervous stomach
- Foods can't eat
- Nausea
- Gas
- Constipation
- Diarrhea
- Hemorrhoids

FEMALE ONLY

- Menstrual pain (where?)
- Cramping
- Irregularity
- Hysterectomy
- Genital cancer
- Discharge
- Tumors
- Menopause

MEN ONLY

- Urinary frequency
- Difficulty in starting
- Night urination
- Prostate pain/swelling

HIPS/LEGS/FEET

- Pain in buttocks R / L
- Pain in hip joint R / L
- Pain down leg R / L
- Pain down both legs
- Knee pain
 - Inside
 - Outside
- Leg cramps
- Cramps in feet R / L
- Pins and needles in legs R / L
- Numbness of legs
- Numbness of feet
- Numbness of toes
- Feet feel cold
- Swollen ankles R / L
- Swollen fee R / L

LOW BACK

- Low back pain:
 - Upper lumbar
 - Lower lumbar
 - Sacroiliac
- Low back pain is worse when:
 - Working
 - Lifting
 - Stooping
 - Standing
 - Sitting
 - Bending
 - Coughing
 - Lying down (sleeping)
 - Walking
- Pain relieves when_____
- Disc problems
- Low back feels out of place
- Muscle spasms
