



Present Health History

Name _____ Date _____

Part One: Function

Doctors of Chiropractic are interested and concern with function - health. Vertebral Subluxations (nerve interference) can result in changing function. *Please take a moment and record your current level of function.*

Directions: On the line below, please indicate your **current overall health** by placing a mark on the line which best describes your present whole body health- this includes head, trunk, extremities, organs and systems.

Current Function/Health

Lowest				Highest:
0%	/	/	/	100%
Function/Health	25%	50%	75%	Function/Health
Comments _____				

Part Two: Malfunction

Note: If you feel that your body is working at it's normal level of performance, then check the box here and STOP!

However, if there is a level of malfunction present, please indicate **How** your body is not working right- this does not necessarily mean pain, rather, a lowering or change in your health and performance -(it's just not working right) - example: digestive complaints, leg, arm, head, neck, back, heart, lung, etc..If more than one complaint is being experienced, please list numerically and define them as:

Constant: 75%-100% **Intermittent:** 30%-74% **Occasional:** 1%-29%.

Parts Malfunctioning	Constant	Intermittent	Occasional
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part Three: Activities of Daily Living

Please list how this has affected your life style and/or activities- example: cannot do sports, yard work, changes in work, relationships, etc. _____

Please place a mark on the line below which best indicates your current activity level:

Current Activity Level

Can not do				Can do
0%	/	/	/	100%
any activity	25%	50%	75%	all activity

Part Four:

Pain

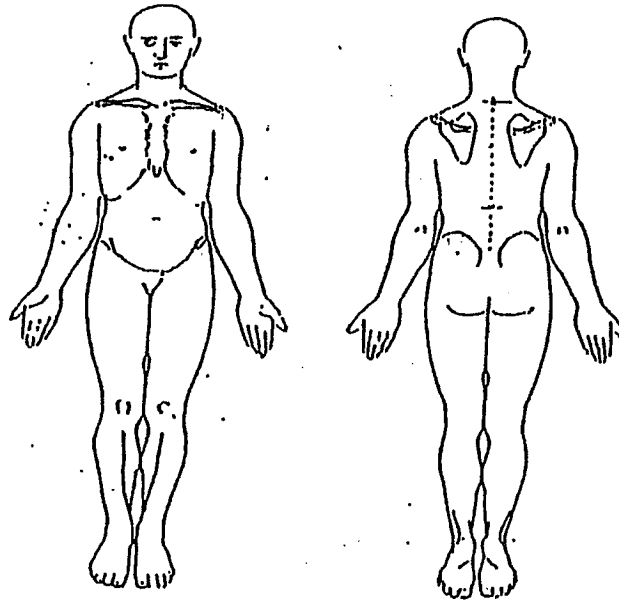
If you are experiencing pain (sharp, dull, burning, stinging) or abnormal feelings (numbness, tingling, stiffness, abnormal sensation), please color in the area on the diagram below and label accordingly.

SP = Sharp Pain
N = Numbness

DP = Dull Pain
T = Tingling

B = Burning
ST = Stiffness

S = Stinging
A = Abnormal Sensation



Pain Color Scale: Please circle the number below that best describes your current pain and draw a line (or number that region) to the diagram above.

