**Health History: Full Name**

Address,
phone
e-mail

**Current Concerns**

Do I have ...? High Blood pressure, anxiety....

new pain... that happens when I .....

**Current Medications: (add allergies)**

Tylenol

Allergic to....

**Pain History**

*If pain is not your most important topic, place it below Health History.*

2010 Accident, chiropractic, pain medication, still residual neck pain...

1999 surgery for .... , went to PT, took .... medication,

**Health History**

Date surgery

Date major illness

Family History: father, mother

**Mental Health History**

*If you have not history of treatment for mental illness erase this category.*

Depression, anxiety,...

**Current Stressors**

Work, family, financial

**Self-Care**

Regular..., occasional...