

PERSONAL HISTORY

What is the most you ever weighed? _____ When? _____

Do you smoke? YES NO How much do you smoke? _____ packs/day _____ packs/week
How long have you been a smoker? _____ Have you been a smoker in the past? YES NO
How long have you stopped smoking? _____

Do you drink alcoholic beverages? YES NO
How much do you drink? _____ drinks/day _____ drinks/week _____ drinks/month
How long have you been drinking alcoholic beverages? _____ months _____ years

How many children did you give birth to? _____ What are their ages? _____

Do you commute to work? YES NO if yes, how long is the commute? _____
What means of transportation? (Ex. Bus, drive car, carpool, walk, etc...) _____

Do you presently exercise on a regular basis? YES NO If yes, complete below:

Activity	Duration	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

List exercise activity prior to your problem:

Activity	Duration	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any known food allergies? _____

What did you eat and drink yesterday:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Do you crave certain foods: _____

Does any food you eat cause any discomfort: _____

8oz. Glasses per day

Water/day = _____ Soda/day = _____ Tea/day = _____ Other: _____

Your last bowel movement was: _____

How often do you have a bowel movement: 1x/day 2x/day 3x/day Other: _____

PERSONAL HISTORY

Do you have, or have had, any of the following?

Problem	NO	YES	When	What
Surgery				
Surgery				
Surgery				
Cancer				
Broken Bone				
Broken Bone				
Scoliosis				
Heart Problems				
High Blood Pressure				
Stroke				
Diabetes				
Rheumatic Fever				
Rheumatoid Arthritis				
Gout				
Lupus				
Psoriasis				
Multiple Sclerosis				
Lung Problems				
Other				
Other				
Other				

FAMILY HISTORY

Do any of your BLOOD FAMILY have, or have had, any of the following?

Problem	NO	YES	When	What
Chronic Back Pain				
Chronic Neck Pain				
Spine Surgery				
Cancer				
Heart Problems				
High Blood Pressure				
Stroke				
Diabetes				
Rheumatic Fever				
Rheumatoid Arthritis				
Gout				
Lupus				
Psoriasis				
Multiple Sclerosis				
Lung Problems				
Scoliosis				
Other				
Other				
Other				
Other				
Other				