Sauk Prairie Chiropractic, LLC
590 Fourth Street
Prairie du Sac, WI 53578

Personal Health History

Name: _____ **Today's Date:** _____

Please select all choices that apply to the patient.

❑Abdominal Pain	❑Bulemia	❑Fainting	❑Irritable Colon	❑PMS	❑Sickle Cell Anemia
❑Allergies	❑Cancer	❑Hay Fever	❑Kidney Disease	❑Polio	❑Sinus Trouble
❑Angina	❑Colitis	❑Headaches	❑Kidney Stones	❑Profuse Menstrual	❑Spinal Disc Disorder
❑Anorexia	❑Convulsions	❑Heart Attackes	❑Liver Disease	❑Prostate Disease	❑Stroke
❑Aortic Aneurysm	❑Diabetes	❑Heart Disease	❑Low Blood Pressure	❑Rapid Heart Rate	❑Thyroid Disorder
❑Arthritis	❑Dislocated Joints	❑High Blood Pressure	❑Lung Disease	❑Rheumatic Fever	❑Tuberculosis
❑Asthma	❑Dizziness	❑HIV/AIDS	❑Multiple Sclerosis	❑Scoliosis	❑Ulcer
❑Blood Disorder	❑Emphysema	❑Irregular Bowel Habits	❑Osteoporosis	❑Sexually Transmitted Diseases	❑Vaginal Discharge
❑Breast Soreness	❑Epilepsy	❑Irregular Menstrual	❑Painful Urination		

Patient exercises: ❑Moderately ❑Occasionally ❑Rarely ❑Regularly ❑Never

Patient Smokes: ❑2 packs per day ❑½+ pack per day ❑Never ❑ _____ ❑ _____
❑2+ packs per day ❑1 pack per day ❑½ pack per day ❑ _____ ❑ _____

Patient Uses alcohol: ❑Excessively ❑Moderately ❑Occasionally ❑Rarely
❑Never

Medications the patient is currently taking:

❑Muscle Relaxants ❑No prescription ❑Psychotropic
❑Analgesics ❑Birth Control ❑No non-prescription

Medications not listed above:

1.
2.
3.
4.
5.

Accidents/Injuries: (please indicate approx. date and nature of injury)

1.
2.
3.
4.
5.

Surgeries: (please indicate approx. date and type)

1.
2.
3.
4.
5.