

# Case History

## About Your Health

The human body is designed to be healthy. Throughout life, events occur which damage your health expression. This case history will uncover the layers of damage, especially to your nerve system, that resulted in poor health. Following your exam, your Chiropractor will outline a course of care to begin to correct these layers of damage and recover your innate health potential.

## About Your Care

Chiropractic provides three types of care. The first is **Initial Intensive Care** which corrects the most recent layer of Spinal and Neurological damage (VSC). This usually reduces or eliminates the symptoms. Then begins **Reconstructive Care** which corrects the years of damage that occurred when there were few symptoms. And finally, Chiropractic offers a genuine approach to **Wellness Care**. All of these options will be explained at your report of findings. Then you'll be able to begin a course of care that fits your health goals.

## Loss of Wellness (Birth - Age 5)

At birth, when your nerve system is first damaged, your wellness begins to decrease and journey to ill health starts.

Yes	No	(Birth – Age 5)	Patient Comment (If answer is Yes)	Chiropractor's Comments
		<b>1. Pregnancy</b>		
		<i>Did your mother:</i>		
_____	_____	Smoke or drink alcohol?	_____	_____
_____	_____	Have a proper diet?	_____	_____
_____	_____	Exercise through her pregnancy?	_____	_____
_____	_____	Experience any falls/injuries during pregnancy?	_____	_____
_____	_____	Experience any physical and/or mental abuse?	_____	_____
		<b>1. Birth Process</b>		
_____	_____	Was the delivery long?	_____	_____
_____	_____	Was the delivery difficult?	_____	_____
_____	_____	Forceps?	_____	_____
_____	_____	Caesarean?	_____	_____
_____	_____	Breach/cephalic?	_____	_____
_____	_____	Home birth?	_____	_____
_____	_____	Hospital birth?	_____	_____
_____	_____	Mother given drugs during delivery?	_____	_____
_____	_____	Was labor induced?	_____	_____
		<b>2. Growth and Development</b>		
_____	_____	Were you taught how to care for your spine?	_____	_____
_____	_____	Did you fall out of bed?	_____	_____
_____	_____	Were you a headbanger or rocker?	_____	_____
_____	_____	Were you breast fed?	_____	_____
_____	_____	Childhood sicknesses?	_____	_____
_____	_____	Accidents?	_____	_____
_____	_____	Surgery?	_____	_____
_____	_____	Drugs?	_____	_____
_____	_____	Did you fall while learning to walk?	_____	_____
_____	_____	Were you picked on by siblings?	_____	_____
_____	_____	Child abuse?	_____	_____
_____	_____	Spanking (how)?	_____	_____
_____	_____	Pulled ear/chin?	_____	_____
_____	_____	Other?	_____	_____
_____	_____	Chair pulled out when sat down?	_____	_____
_____	_____	Did you fall down the stairs?	_____	_____
_____	_____	Were you yanked by your arm?	_____	_____
_____	_____	Did you have other traumas? What? When?	_____	_____

## Loss of Whole Body Health (Age 5 - present)

As layers of damage increased, you probably began to experience symptoms and random bouts of sickness.

Yes	No	(Age 5 - Present)	Patient Comment (If answer is Yes)	Chiropractor's Comments
_____	_____	Were you taught proper body movement And care?	_____	_____
_____	_____	Did/do you smoke?	_____	_____
_____	_____	Did/do you drink any alcohol?	_____	_____
_____	_____	Diet (Do you eat health foods)?	_____	_____
_____	_____	Have you ever been in accidents?	_____	_____
_____	_____	Have you had surgery and organs removed/ Replaced?	_____	_____
_____	_____	Drugs? (Prescriptive or non-prescriptive)	_____	_____
_____	_____	Teeth problems?	_____	_____
_____	_____	Eye problems?	_____	_____
_____	_____	Hearing problems?	_____	_____
_____	_____	Exercise regularly?	_____	_____
_____	_____	Sleeping habits? (nightmares)	_____	_____
_____	_____	Did/do you have occupational stress?	_____	_____
_____	_____	Physical stress?	_____	_____
_____	_____	Mental stress?	_____	_____
_____	_____	Hobbies/Sports injuries?	_____	_____
_____	_____	Other traumas or problems	_____	_____

## Symptoms and Ill Health (Present State of Ill Health)

Years of untreated damage showed up as acute or chronic symptoms.

Other symptoms:

_____ Headaches	_____ Pins & Needless in legs	_____ Fainting
_____ Neck Pain	_____ Pins & Needles in Arms	_____ Loss of Smell
_____ Sleeping Problems	_____ Numbness in Fingers	_____ Loss of Taste
_____ Back Pain	_____ Numbness in Toes	_____ Diarrhea
_____ Nervousness	_____ Shortness of Breath	_____ Feet Cold
_____ Tension	_____ Fatigue	_____ Hands Cold
_____ Irritability	_____ Depression	_____ Stomach Upset
_____ Chest Pains	_____ Lights Bother Eyes	_____ Constipation
_____ Dizziness	_____ Loss of Memory	_____ Cold Sweats
_____ Face Flushed	_____ Ears Ring	_____ Loss of Balance
_____ Neck Stiff	_____ Fever	_____ Buzzing in Ears

Present Complaint (be brief)

Major \_\_\_\_\_

Pain or Problem started on \_\_\_\_\_

Pains are: \_\_\_\_\_ sharp \_\_\_\_\_ dull \_\_\_\_\_ constant \_\_\_\_\_ Intermittent

What activities aggravate your condition/pain? \_\_\_\_\_

What activities lessen your condition/pain? \_\_\_\_\_

Is condition worse during certain times of the day? \_\_\_\_\_

Is the condition interfering with work? \_\_\_\_\_ sleep? \_\_\_\_\_ routine? \_\_\_\_\_ other? \_\_\_\_\_

Is condition getting progressively worse? \_\_\_\_\_

Other Doctors seen for this condition \_\_\_\_\_

Any home remedies? \_\_\_\_\_

Have you been under drug and medical care? \_\_\_\_\_

What medications are you taking? \_\_\_\_\_

How Long? \_\_\_\_\_ Have you had surgery? \_\_\_\_\_ What? \_\_\_\_\_ When? \_\_\_\_\_

What side effects have you experienced from the drugs and surgery? \_\_\_\_\_

Is there a family history of?

Heart Disease      Arthritis      Cancer      Diabetes      Other \_\_\_\_\_

Father's side      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

Mother's side      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_