



Better Health Clinic

Updated Date: _____ Initials: _____

Confidential Patient Case History

Date: _____

Last name _____ First name _____

Address _____ City _____ Postal Code _____

Phone#(H) _____ (W) _____

Occupation _____ Employer _____

Date of Birth (d)____(m)____(y)____ Age _____ Height _____ Weight _____

How did you hear about Better Health Clinic? _____

Name of Family Doctor _____ Date of last physical exam _____

Presenting Complaints _____

Have you received treatment for your above complaints by a:

Medical Doctor ___ Massage Therapist ___ Physiotherapist ___ Chiropractor ___ Osteopath ___

Other Health Care Professional _____

Are you currently taking any medication? If so, please list:

Patient History

Date and Description

- I have had fractures/dislocations _____
- I have had surgery _____
- I have had x-rays taken _____
- I have been hospitalized _____
- I have been knocked unconscious _____
- I have been in a motor vehicle accident _____
- Other falls or traumatic injuries _____



Better Health Clinic

Please Check the following boxes that may apply to you. Check “C” for conditions you are **currently** experiencing and “P” for conditions you have **previously** experienced.

General

- C P
- Allergy _____
 - Anaphylaxis
 - Anxiety
 - Chills
 - Clumsiness
 - Convulsions
 - Depression
 - Dizziness
 - Fainting
 - Fatigue
 - Headaches
 - Loss of sleep
 - Loss of weight
 - Migraines
 - Tremors

Muscle And joint

- C P
- Arthritis
 - Bursitis
 - Hernia
 - Low back* pain
 - Sciatica
 - Weakness

Pain/Numbness

- Arms
- Elbows
- Feet
- Hands
- Hips
- Knees
- Legs
- Shoulders
- Surgical Implants
(pins, wires, plates, artificial joints)

Skin

- C P
- Boils
 - Bruise easily
 - Dryness/Itching
 - Hives
 - Infectious skin condition
 - Skin Rash
 - Warts

Digestive

- C P
- Blood in stool
 - Chrono’s disease
 - Colitis
 - Constipation
 - Diabetes
 - Difficulty Digestion
 - Diarrhea
 - Food sensitivities
 - Gall bladder trouble
 - Heart Burn
 - Liver troubles
 - Nausea
 - Ulcers

Eye/Ear/Nose/Throat

- C P
- Earache
 - Ear Ringing/buzzing
 - Eye Pain
 - Deafness
 - Frequent Sinus Infections
 - Hay Fever
 - Sinusitis
 - Tonsillitis
 - Vision Problems

Cardiovascular

- C P
- Aneurysm
 - Chronic congestive heart failure
 - Hardening arteries
 - Heart attack
 - Heart disease
 - High blood pressure
 - Low blood Pressure
 - Pacemaker
 - Phlebitis
 - Poor circulation
 - Stroke
 - Swelling of ankles
 - Varicose veins

Respiratory

- C P
- Asthma
 - Bronchitis
 - Chest pain
 - Chronic cough
 - Difficulty breathing
 - Emphysema
 - Spitting up blood
 - Spitting up phlegm
 - Smoker
 - Wheezing

Genito Urinary

- C P
- Bed wetting
 - Blood in urine
 - Frequent urination
 - Inability to control
 - Painful urination
 - Prostate trouble
 - Urinary infection
 - Kidney stones

Female

- C P
- Backache w/ period
 - Cramps
 - Excessive flow
 - Gynecological condition
 - Hot flashes
 - Menopausal
 - Pregnancy

Other Conditions

- C P
- Epilepsy
 - Osteoporosis
 - Fibromyalgia
 - Cancer
 - AIDS/HIV
 - Hepatitis
 - Other health conditions not listed
