

# Clayton Chiropractic

5685 S 1475 E Suite 2A South Ogden, UT 84403

Phone (801)621-1668 Fax (866)723-7266

Today's date \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Birth date \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Gender: M F

Address \_\_\_\_\_

Phone number \_\_\_\_\_ E-Mail address \_\_\_\_\_

Occupation \_\_\_\_\_ Have you seen a chiropractor before: Y N

Are you pregnant: Y N N/A

Please list any allergies (including allergies to medications):

Please list any surgeries you have had:

Please list your past medical history, i.e. cancer, high blood pressure, diabetes, heart conditions, stroke, osteoporosis, etc.:

Please list any medications you are taking and reason for taking them:

Please list any relevant family history, i.e. cancer, high blood pressure, diabetes, heart conditions, stroke, osteoporosis, etc.:

Please list any injuries or traumas you have had, i.e. car accident, work injury, sports, etc.:



## Review of Systems

### Neurologic-

- Dizziness
- Fainting
- Seizures
- Weakness
- Numbness
- Tingling
- Tremor
- None of the above

### General-

- Unexpected weight loss
- Fever
- Loss of appetite
- Fatigue
- Feeling generally sick
- None of the above

### Eyes-

- Sensitivity to light
- Visual disturbances
- Blurred vision
- None of the above

### Ears-

- Decreased hearing
- Ringing in ears
- Earache
- Drainage
- None of the above

### Nose-

- Stuffiness
- Discharge
- Itching
- Hay fever
- Nosebleeds
- Sinus pain
- None of the above

### Throat-

- Bleeding
- Dentures
- Sore tongue
- Dry mouth
- Sore throat
- Hoarseness
- Thrush
- Non-healing sores
- None of the above

### Cardiovascular-

- Palpitations
- Shortness of breath
- Chest pain
- Chest tightness
- None of the above

### Respiratory-

- Cough
- Shortness of breath
- Painful breathing
- Wheezing
- None of the above

### Gastrointestinal-

- Swallowing difficulties
- Heartburn
- Change in appetite
- Nausea
- Change in bowel habits
- Rectal bleeding
- Constipation
- Diarrhea
- None of the above

### Urinary-

- Frequency
- Urgency
- Burning or pain
- Blood in urine
- Incontinence
- Change in urinary strength
- None of the above

### Skin-

- Rashes
- Lumps
- Itching
- Dryness
- Color changes
- Hair and nail changes
- None of the above

### Psychiatric-

- Nervousness
- Stress
- Depression
- Memory loss
- None of the above