If you ever been diagnosed with any type of tumor or cancer, please explain: ______________________________________

____

____

If you ever undergone any surgeries, please explain with approximate dates: ______________________________________

____

____

Please list any major injuries or accidents you have been treated for with approximate dates, if possible: ____________

____

____

WOMEN:

__ I am not menstruating due to: a hysterectomy or menopause

Is your menstrual cycle regular (once every approx. 28-30 days)? Y N If not, please explain: __________________

____

Average length of menstruation ______ days (start to finish)

What do you experience during your menstrual cycle (cramping, bloating, mood swings, etc.): ___________________

____

What do you do to relieve the symptoms you described? ____

____

Are you currently taking a birth control pill? Y N

If you are going through menopause, do you have hot flashes or other symptoms? Y N

How long have you had these symptoms and what are they? ____

____

If you are currently on any hormone replacement therapy, please list: _____________________________________

Are you pregnant or is there a possibility that you are? Y N

Do you suffer from any of these symptoms?

Previously	Currently	Previously	Currently	Previously	Currently
( )	( ) Diabetes	( )	( ) High Blood Pressure	( )	( ) Low Blood Pressure
( )	( ) Low Blood Sugar	( )	( ) Arthritis	( )	( ) Chronic Headaches
( )	( ) Ringing in the Ears	( )	( ) Asthma	( )	( ) Heart Desease
( )	( ) Skin Rashes	( )	( ) Acne	( )	( ) Cold Hands / Feet
( )	( ) Constipation	( )	( ) Sinus Congestion	( )	( ) Anemia
( )	( ) Dry Skin	( )	( ) Oily Skin	( )	( ) Heartburn
( )	( ) Fatigue	( )	( ) Depression	( )	( ) Yeast Infection
( )	( ) High Cholesterol	( )	( ) Low Cholesterol	( )	( ) Hemorrhoids
( )	( ) Hiatal Hernia	( )	( ) Difficult Digestion	( )	( ) Scoliosis
( )	( ) Inguinal Hernia	( )	( ) Stroke	( )	( ) Nervousness
( )	( ) Tuberculosis	( )	( ) Hepatitis A B C		
( )	( ) Other ______________________				

( ) I have never had a problem with any of the above.

If you would like to add anything to the information above, please feel free to use the space below:

____

____

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A M Chiropractic, LLC
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