PLEASE PRINT

List surgical operations and years: _____

_____

Drugs you now take: □ Nerve pills □ Pain killers □ Muscle relaxers □ "Pep" pills □ Tranquillizers □ Birth Control
Others:_____

Age of Mattress: _____ □ Comfortable □ Uncomfortable □ Do you use a bed board?

Are you wearing: □ Heel lifts □ Sole lifts □ Inner soles □ Arch supports

Have you been in an auto accident: □ Past year □ Past five years □ Over five years □ Never
Describe:_____

Have you ever had any mental or emotional disorders? □ No □ Yes, When?_____
Have others in your family had such disorders? □ No □ Yes, When?_____

Have you ever:	YES	NO	Describe Briefly
Been knocked unconscious?	□	□	_____
Used a cane, crutch, or other support?	□	□	_____
Been treated for a spine or nerve disorder	□	□	_____
Had a fractured bone?	□	□	_____
Been hospitalized for anything other than surgery?	□	□	_____
Do You:			
Now take vitamins or minerals?	□	□	_____
Think you may need vitamins/minerals?	□	□	_____
Have an allergy to any drug?	□	□	_____

Date of last:	**Less than 6 months**	**6-18 months**	**Over 18 months**	**Never**
Spinal examinations	□	□	□	□
Physical examination	□	□	□	□
Blood test	□	□	□	□
Spinal X-ray	□	□	□	□
Urine test	□	□	□	□

CHECK THE FOLLOWING CONDITIONS YOU HAVE HAD:

□Alcoholism	□ Arthritis	□ Diphtheria	□ Goiter	□ Lumbago	□ Mumps	□ Scarlet fever	□ Ulcers
□ Anemia	□ Cancer	□ Eczema	□ Gout	□Malaria	□ Pleurisy	□ Stoke	□ Venereal
□Appendicitis	□ Cold Sores	□ Emphysema	□ Heart disease	□ Miscarriage	□ Pneumonia	□ Tuberculosis	disease
□ Arteriosclerosis	□ Diabetes	□ Epilepsy	□ Influenza	□ Multiple sclerosis	□ Polio	□ Typhoid fever	

PHYSICAL ACTIVITY

1. What types of physical activities do you enjoy? _____
2. How often do you participate in these activities? _____
3. What exercises do you do regularly? _____
4. How often do you do those exercises? _____
5. What gets in the way of you engaging in physical activity? _____
6. How many hours of television do you watch every day? _____
7. How many hours are you at a computer/desk everyday? _____
8. List any activities that you enjoy but no longer perform because of pain? _____