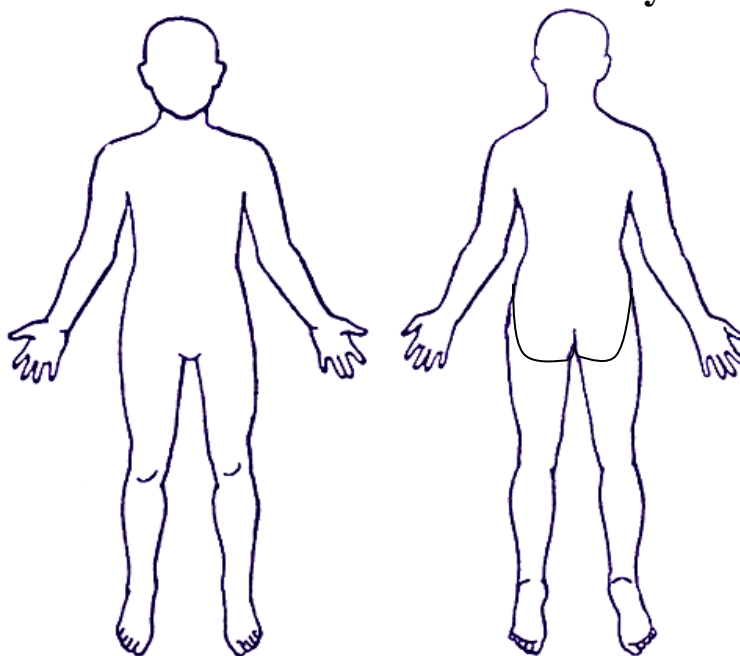


Patient Information and Health History

Name Last, First		Name you wish to be called:		
Address				
Home Phone Work Phone : Cell Phone:				
E-mail Address				
Marital Status	Single	Married	Domestic Partner	Divorced Widowed
Children? Names Ages?				
Animals? Type ? Names?				
Date of Birth/Age	/ /	Age:	How old you you FEEL?	
Employer Name				
Employer Address/Phone				
Emergency Contact Name/Address/Phone				
Under Doctor's Care? Y N Name/Phone				
How did you hear about us?	Internet Search ELiveLife	Current Patient Dr. Becerril	Perks Card San Diego Chiropractic Group	GSDBA
Is this related to an Auto Accident? Y N Work Accident? Y N	If so, Date of Injury and Circumstances?			
Do you Smoke? Y N Amt/Day	Do you Drink Alcohol? Amt/wk	Do you drink caffeine? Amt/Day		
Do You Exercise? Y N	What type? How many days/wk?			
Are you on a diet? Y N	Vegetarian Vegan Macrobiotic Raw Food Low Carb			
Allergies? What to?				
Medications	What For?	How Long?	Side Effects?	
1				
2				
3				
4				
5				
6				
7				
8				

Main Health Complaints	How Long?
1	
2	
3	
4	
5	
6	
7	
8	
9	

Please locate the pain or area of discomfort on the body image below:



Please circle the most accurate description/details below

Pain Location #1 _____ Sharp Burning Aching Cramping Dull Moving Fixed Hard to locate
 What lessens the pain Pressure Cold Heat Exercise Elevation Other _____

Pain Location #2 _____ Sharp Burning Aching Cramping Dull Moving Fixed Hard to locate
 What lessens the pain Pressure Cold Heat Exercise Elevation Other _____

Pain Location #3 _____ Sharp Burning Aching Cramping Dull Moving Fixed Hard to locate
 What lessens the pain Pressure Cold Heat Exercise Elevation Other _____

Pain Location #4 _____ Sharp Burning Aching Cramping Dull Moving Fixed Hard to locate
 What lessens the pain Pressure Cold Heat Exercise Elevation Other _____

Please check symptoms that you experience regularly or often in second column

Cough	
Wheeze	
Frequent Colds	
Sigh frequently	
Sinus Infection	
Runny Nose	
Allergies	
Dry Nose	
Dry Throat	
Grief, Melancholy	
Skin Dryness	
Psoriasis, Excema, Rashes	
Constipation	
Diarrhea	
Colitis, Crohns, IBD	
IBS	
Bloating, Belching, Gassy after eating	
Crave sugar, carbs	
Low Energy after eating	
Bruise Easily	
Dizzy when stand up	
Overweight and/or little muscle tone	
Overthinking	
Worry	
Study or Read a LOT	
Stomach Pains	
Pains in chest	
Chest pain/tightness to shoulder	
Palpitations	
Racing Thoughts	
Lack of Joy/Humor	
Mania	
Heartbeat irregularities	
Heart Disease	
Bitter taste in mouth	
Frequent Urination	
Urinating at Night ____/times	
Bladder Infections	
Kidney Infections and/or Stones	
Easily Frightened/Startled	
Low Libido	
Wake up 5-6am with diarrhea	
Broken Bones	
Congenital Bone Problems	
Very thin or thinning hair	
Hair went gray early	
Adrenal Fatigue/Exhaustion	
Hearing problems	
Low Back Pain/Problems	

Knee pain and/or cold	
Colder than most people	
Jaundice	
Hepatitis A B C	
Gallstones	
Angry or Resentful	
Frustrated frequently and/or easily	
Difficulty handling Stress	
Difficulty handling Change	
Thin nails and/or ridged, white spots	
Eye or Vision Problems	
Lump in throat esp. when stressed	
Pain right upper abdomen and ribs	
Gallstones	
Gallbladder inflamed	
Depressed	
Liver disease	
Drink alcohol	
Women Only	
PMS, PMDD (tender breasts, bloating, emotional)	
Painful periods	
Clotting	
Heavy periods	
Light periods	
Fibrocystic Breasts	
Polycystic Ovaries	
Infertility	
Lack of periods	
Irregular cycle	
Low Sex Drive	
Men Only	
Erectile Dysfunction	
Trouble starting/stopping urination	
Enlarged Prostate	
Infertility	
Low Sperm Count or Motility	
Low Sex Drive	