



Zdilla Family Chiropractic MEDICAL INFORMATION

(Please Print)

Today's date: / /

CLIENT INFORMATION

Last Name:		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	<input type="checkbox"/> Miss <input type="checkbox"/> Mrs.	<input type="checkbox"/> M <input type="checkbox"/> F	DOB:
Street Address:				Home Phone: ()		Cell Phone: ()	
P.O. box:		City:		State:		ZIP Code:	
Email:		Emergency Contact Name/Relationship/Phone:					
PCP Name:		PCP Address:		PCP Phone:			

CONDITIONS

Do you have any of the following conditions or have you been treated for any of the following conditions in the past?

- | | |
|---|--|
| Kidney/Liver Disease <input type="checkbox"/> | Diabetes <input type="checkbox"/> |
| Cardiac Arrhythmias or Heart Disease <input type="checkbox"/> | Epilepsy <input type="checkbox"/> |
| Cancer <input type="checkbox"/> | Hypertension/Blood Pressure <input type="checkbox"/> |
| Pregnancy <input type="checkbox"/> | Pacemakers <input type="checkbox"/> |
| Medical Oedema <input type="checkbox"/> | Radiation Treatment <input type="checkbox"/> |
| Auto Immune Disease <input type="checkbox"/> | Photosensitivity <input type="checkbox"/> |
| Thyroid Problems <input type="checkbox"/> | Immuno-Supressed <input type="checkbox"/> |
| Urine Infection <input type="checkbox"/> | Any Metal Pins/Plates <input type="checkbox"/> |
| Lipoaspiration < 6 Months <input type="checkbox"/> | Phlebitis (red, hot calves) <input type="checkbox"/> |
| Infections and Skin Rashes <input type="checkbox"/> | Long Term Corticoid Treatment <input type="checkbox"/> |
| Anti-Coagulant Treatment <input type="checkbox"/> | Blood Disease <input type="checkbox"/> |
| Any Progressive Inflammatory Disease <input type="checkbox"/> | |
| Other (explain) <input type="checkbox"/> | |

If you have one of the above conditions, please explain and/or if you are currently being treated for a condition, please explain.

Do you have or have had any of the following?

- Tattoos
Piercings
Medical Implants
Surgeries
Other (explain) _____