

SC STONE CHIROPRACTIC

Building A Healthy Foundation

Case #: _____

Patient Name: _____

Below is a list of diseases that may seem unrelated to the purpose of your appointment. However, these questions must be answered carefully as the problems can affect your overall course of care.

REVIEW OF SYSTEMS – Please fill out all of the sections, even if “DENY”.

Constitutional:

- Chills Daytime Somnolence (Drowsiness) Fatigue Fever Night Sweats
 Weight Gain Weight Loss

I... Deny Any Constitutional Issue (s)

Eyes/Vision:

- Blindness Blurred Vision Cataracts Change in vision Double Vision
 Eye Pain Field Cuts (visual field defect) Glaucoma Itching (around the eyes) Photophobia
 Tearing Wears Glasses and/or Contact lenses (Sensitive to Light)

I... Deny Any Eyes/Vision Issue (s)

Ears, Nose and Throat:

- Bleeding Dental Implants Dentures Difficulty Swallowing Discharge
 Dizziness Ear Drainage Ear Infection(s) Ear Pain Fainting
 Headaches Head Injury (history of) Hearing Loss Hoarseness Loss of Smell
 Nasal Congestion Nose bleeds (frequent) Post Nasal Drip Rhinorrhea (Runny nose) Sinus Infections
 Snoring Sore Throats (frequent) Tinnitus (Ringing in Ears) TMJ problems

I... Deny Any Ears, Nose and Throat Issue (s)

Respiration:

- Asthma Cough Coughing up blood Shortness of Breath Sputum Production Wheezing

I... Deny Any Respiratory Issue (s)

Cardiovascular:

- Angina (chest pain or discomfort) Chest Pain Claudication (leg pain or achiness) Heart Murmur
 Heart Problems Orthopnea (difficulty breathing while lying down) Palpitations (irregular or forceful beating of the heart)
 Paroxysmal Nocturnal Dyspnea (waking at night with shortness of breath) Shortness of Breath with Exertion or Exercise
 Swelling of Legs Ulcers Varicose Veins

I... Deny Any Cardiovascular Issue (s)

Gastrointestinal:

- Abdominal Pain Belching Black, Tarry Stools Constipation Diarrhea
 Difficulty Swallowing Heartburn Hemorrhoids Indigestion Jaundice (yellowing of the skin)
 Nausea Rectal Bleeding Abnormal Stool Caliber (quality) Abnormal Stool Color
 Abnormal Stool Consistency Vomiting Vomiting Blood

I... Deny Any Gastrointestinal Issue (s)

Female:

- Birth Control Therapy Breast Lumps/Pain Burning Urination Cramps Frequent Urination
 Hormone Therapy Irregular Menstruation Urine Retention Vaginal Bleeding Vaginal Discharge

I... Deny Any Female Issue (s)

Male:

- Burning Urination Erectile Dysfunction Frequent Urination Hesitancy/Dribbling Prostate Problems
 Urine Retention

I... Deny Any Male Issue (s)

Endocrine:

- Cold Intolerance Diabetes Excessive Appetite Excessive Hunger Excessive Thirst
- Frequent Urination Goiter Hair Loss Heat Intolerance Unusual Hair Growth
- Voice Changes
- I... Deny Any Endocrine Issue (s)

Skin:

- Changes in Nail Texture Changes in Skin Color Hair Growth Hair Loss Hives Itching
- Paresthesia (numbness, prickling, or tingling) Rash History of Skin Disorders Skin Lesions/Ulcers Varicosities
- I... Deny Any Skin Issue (s)

Nervous System:

- Dizziness Facial Weakness Headaches Limb Weakness Loss of Consciousness
- Loss of Memory Numbness Seizures Sleep Disturbance Slurred Speech
- Stress Strokes Tremors Unsteadiness of Gait
- I... Deny Any Nervous System Issue (s)

Psychologic:

- Anhedonia (inability to experience joy or enjoy life) Anxiety Appetite Changes Behavioral Change(s)
- Bipolar Disorder Confusion Convulsions Depression Insomnia Memory Loss
- Mood Change(s)
- I... Deny Any Psychologic Issue (s)

Allergy:

- Anaphylaxis (history of) Food Intolerance Itching Nasal Congestion Sneezing
- I... Deny Any Allergy Issue (s)

Hematology:

- Anemia Bleeding Blood Clotting Blood Transfusion(s) Bruises easily Fatigue Lymph Node Swelling
- I... Deny Any Hematologic Issue (s)

PAST HEALTH HISTORY – Please fill out carefully as these problems can affect your overall course of care.

Childhood Illness:

- ADD Allergies/Hayfever Asthma Atopic Dermatitis (Eczema) Bedwetting
- Cerebral Palsy Chicken Pox Depression Diabetes Ear Infections
- Fetal Drug Exposure Food Allergies Headaches Hepatitis HIV
- Measles Mumps Rash Scoliosis Seizure Disorder
- Sickle Cell Anemia Spina Bifida Other (please describe): _____
- I... Deny Any Childhood Illness (es)

Adult Illness:

- Alzheimers Anemia Arthritis Asthma Cancer
- Chicken Pox Crohn's/Colitis CRPS (RSD) CVA (stroke) Cystic Kidney Disease
- Depression Diabetes (Insulin) Diabetes (Non insulin) Ear Infections (frequent) Emphysema
- E ye Problems Fibromyalgia Heart Disease Hepatitis HIV
- Hypertension Influenzal Pneumonia Liver Disease Lung Disease Lupus Erythema (discoid)
- Lupus Erythema (systemic) Multiple Sclerosis Parkinson's Disease Pleurisy Pneumonia
- Psychiatric Problems Scoliosis Seizure Disorder Shingles STD's (unspecified)
- Suicide Attempt(s) Thyroid Problems Vertigo
- Past history of similar symptoms to your current condition Other Illness (please be specific): _____
- I... Deny Any Adult Illness (es)

Surgeries:

- Angioplasty Appendectomy Caesarian Section Cardiac Catheterization Carpal Tunnel Repair
- Coronary Artery Bypass Cosmetic D & C Dental Surgery Gallbladder
- Hemorrhoidectomy Hernia Repair Hysterectomy Joint Reconstruction Joint Replacement
- Laminectomy Mastectomy Pacemaker Insertion Rotator Cuff Spinal Fusion

