CrossWinds Chiropractic
Dr. David Rheaume, D.C; D.A.B.C.O.
15351 S.E. 82nd Drive
Clackamas, Or. 97015
Phone: (503)342-6644

Patient:_____

DOB:_____

Medical History

Your answers are for our records only and will be considered confidential. Please note that during your initial visit you will be asked some questions about your responses to this questionnaire and there may be additional questions concerning your health.

Are you currently treating with any other doctors? ____No ____Yes
If Yes: Doctors name:_____
Last visit date:_____
Reason for visit:_____
Have you been hospitalized in the last five years? ____No ____Yes
If Yes: Hospital(s):_____
Admittance date(s):_____
Reason(s) for admittance:_____
Have you had any major surgeries? ____No ____Yes
If Yes: Surgeons name(s):_____
Surgery date(s):_____
Reason for surgery:_____
Have you had any recent injuries? ____No ____Yes
If Yes: Injury date(s):_____
Injury type:_____
Were you treated for this injury? ____No ____Yes
If Yes: Doctors name(s):_____
Last visit date(s):_____
Reason for last visit(s):_____
Are you taking any medication, vitamins, pills, or drugs? ____No ____Yes
If Yes: What are you taking?_____
_____
Do you have any allergies? ____No ____Yes
If Yes: List all allergies:_____
Are you on a special diet? ____No ____Yes
If Yes: Please explain:_____

Do you have or have you had any of the following? Please check appropriate line.

	No	Yes		No	Yes		No	Yes
Liver Disease	__	__	Migraines	__	__	Heart Disease	__	__
Hepatitis A (infectious)	__	__	Sinus Trouble	__	__	High Blood Pressure	__	__
Night Sweats	__	__	Asthma	__	__	Excessive Bleeding	__	__
Stomach/Intestinal Disease	__	__	Emphysema	__	__	Swelling of Limbs	__	__
Recent Weight Loss	__	__	Leukemia	__	__	Lung Disease	__	__
Thyroid Disease	__	__	Cancer	__	__	Breathing Problems	__	__
Arthritis/Gout	__	__	Anemia	__	__	Shortness of Breath	__	__
Pain in Jaw Joints	__	__	Osteoporosis	__	__	Frequent Cough	__	__
Artificial Joint	__	__	Ulcers	__	__			
Epilepsy or Seizures	__	__	Stroke	__	__			
Fainting or Dizziness	__	__	Diabetes	__	__			
Visual Disturbances	__	__	Excessive Thirst	__	__			
MRSA Infection	__	__	Hypoglycemia	__	__			
Fibromyalgia	__	__	Hemophilia	__	__			
	__	__	Recent Fever	__	__			