BACK-IN-ACTION NEW PATIENT MEDICAL HISTORY FORM

Please be thorough. This form's a bit of a marathon so please pace yourself. **All questions can be <u>relevant to your condition</u>**, **diagnosis and treatment.**

Please Highlight: $\mathbf{F} = \text{Frequently}$ $\mathbf{O} = \text{Occasional}$ $\mathbf{R} = \text{Rarely}$ $\mathbf{P} = \text{Past Problems}$ $\mathbf{N} = \text{Never}$

				TT	EAD & NECV	1	Б		D	D	NI	Anvioto
					EAD & NECK ental Problems:	1	F F	0	R R	P P	N N	Anxiety Panic attacks
Б	0	R	P	N	Bite problems		F	0	R	P	N	Overly joyous
F	O O	R	P	N	1		F	0	R	P	N	Get bored easily
F		R	P	N	Bleeding gums	-	F	0	R	P	N	Attention problems
F	0	R	P	N	Clicking jaw Teeth removal		F	0	R	P	N	Distracted easily – lack of focus
F	0	R	P	N		-	F	0	R	P	N	Concentration difficulties
F	0	R	P	N	Tooth abscess	-	F	0	R	P	N	Forget what you are doing
F	0	R	P	N	Braces Dentures		F	0	R	P	N	Hyperactive
F	0	R	P	N	Root canal	1	F	0	R	P	N	Hard getting up in morning
Г	U	K	Р	IN	Headache:	1	F	0	R	P	N	Apathy problems
F	0	R	P	N	Back of head	1	F	0	R	P	N	Can't get things done
F	0	R	P	N	Entire head		F	0	R	P	N	Motivational problems
F	0	R	P	N	Front of head		F	0	R	P	N	Difficulty planning or organizing
F	0	R	P	N	Side of head		F	0	R	P	N	Difficulty making decisions
F	0	R	P	N	Through head	-	F	0	R	P	N	Less empathy for self/other
F	0	R	P	N	Top of head		F	0	R	P	N	Not affected by tragic news items
F	0	R	P	N	Migraine		F	0	R	P	N	Difficulties picking things up
F	0	R	P	N	Sinus		F	0	R	P	N	Dropping things
F	0	R	P	N	Dislike light or noise		F	0	R	P	N	Taking time to initiate movement
F	0	R	P	N	Food or drink allergy?		F	0	R	P	N	Handwriting difficulties
F	0	R	P	N	Lasts hours		F	0	R	P	N	Reaction times reduced
F	0	R	P	N	Lasts hours Lasts days	1	F	0	R	P	N	Emotions escaping
F	0	R	P	N	Nausea	1	F	0	R	P	N	Mood swings
F	0	R	P	N	Pain radiates		F	0	R	P	N	Less self aware
F	0	R	P	N	Pain inside-out	L	F	0	R	P	N	See the whole picture
F	0	R	P	N	Pain outside-in	1	F	0	R	P	N	Learning disorders
F	0	R	P	N	Throbbing	1	F	0	R	P	N	Attention to detail good
F	0	R	P	N	Tight band	1	F	0	R	P	N	Extreme self awareness
-	O	IX.	1	11	General:		F	0	R	P	N	Obsessive
F	О	R	Р	N	Faint	R	F	O	R	P	N	Circling thoughts
F	O	R	P	N	Lightheaded	- 1	F	O	R	P	N	Nail biting
F	0	R	P	N	Nose bleeds		F	O	R	P	N	Any slowing of movement
F	0	R	P	N	Swollen glands		F	0	R	Р	N	Re-occurring injuries
F	0	R	P	N	Sore throats	Р	F	0	R	P	N	Creepy crawly sensations
F	0	R	P	N	Colds		F	0	R	P	N	Confuse left and right
F	О	R	P	N	Flu		F	О	R	P	N	Clumsiness
					GENERAL		F	О	R	P	N	Walk into things on one side
F	О	R	P	N	Change in ability to smell	1	F	О	R	P	N	Visuo-spatial problems
F	О	R	P	N	Change in ability to taste		F	О	R	P	N	Can't judge speed of objects
F	О	R	P	N	No appetite first thing		F	О	R	P	N	Coordination problems
F	О	R	P	N	Sweats		F	О	R	P	N	Can follow story lines
F	О	R	P	N	Chills		F	О	R	P	N	Can follow conversations
F	O	R	P	N	Other Infections		F	О	R	P	N	Social responses appropriate
F	О	R	P	N	Fatigue		F	О	R	P	N	Good awareness of other's mood
F	O	R	P	N	Temperature problems		F	О	R	P	N	Responses less emotional
F	O	R	P	N	Cold hands	Ο	F	О	R	P	N	Change in vision - cloudiness
F	О	R	P	N	Cold feet		F	О	R	P	N	Change in vision - haziness
F	O	R	P	N	Sleep problems		F	О	R	P	N	Change in vision - blurring
F	O	R	P	N	Difficulty getting to sleep		F	О	R	P	N	Double vision
F	O	R	P	N	Always wake between 3-5 am		F	О	R	P	N	Visual field defect
				NER	VOUS SYSTEM		F	О	R	P	N	Movements in visual environment
F	О	R	P	N	Behavioral problems		F	О	R	P	N	Pain around the eyes
F	О	R	P	N	Depressed		F	О	R	P	N	Sensitive to light in 1 or both eyes
F	О	R	P	N	Irritable		F	О	R	P	N	Attention focused on self
F	O	R	P	N	Angry		F	О	R	P	N	Attention focused on world
F	О	R	P	N	Sad	Т	F	О	R	P	N	Memory problems

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 $\mathbf{O} = \mathbf{Occasional}$ Please Highlight: $\mathbf{F} = \text{Frequently}$ $\mathbf{R} = \text{Rarely}$ **P** = Past Problems N = NeverF P Good comprehension of writing F P O O N Pain in face F P Hearing problems or change F P Food tastes different O R N O R N F R P Hard hearing with background noise F O R P N Loss of sense of taste O N F F O R P N Ringing or whooshing noises O R P N Hearing problems F O R P N Can't localize sounds F O R P N Ear problems F R P N Pain or itchiness around the ears F O R P N Swallowing problems O P F P R N "Fullness" or "blocked" ears O N F O R Hoarseness P Tongue tied F O P Choke on food F O R N R N F O R P N Stutter F O R P N Food up the back of the nose Don't say words right F P P F O R N O R N Snoring issues Pupils larger than average F O R P N Problem choosing words F O R P N SC F R P N Can't express thoughts F O R P N Slow to heal on one side O F O R P N Good comprehension of speech F O R P More pain sensitive on one side F O R P N Speech sounds monotone F O R P Hurts more one side if banged P F P F R N Smell bad odors not there O R N Hurts more one side if cut O F O R P Ν Deja Vu F O R P N Stub toes F R P N F O R P N O Epilepsy or seizures Shoe more scuffed one side P R F O N Don't care about anything Sensation: P Less caring about others F P Reduced sensation one side F O R N O R F O R P N F O R P N **PNE** Slower movement one side Temperature sense loss /BG P F P F O R N Muscle twitches O R N Touch sense loss /SC R P N Muscle cramps can't move joint F O R P N Body awareness change O F O R P N Muscle spasms can move joint MUSCLE & JOINT F R P Tremor or uncontrollable movement F O R P Arthritis O P F O R N Auditory hallucinations F O R P N Bursitis P F P R N Spin with sudden head movement O R N Double jointed F O F O R P N Specific movements only cause spin F O R P N Frozen shoulder F R P N F O R P N Generally stiff O Delay before sense of spin starts F P P N F O R N World spins about you O R Grinding joints F O R P N You spin within the world F O R P Joint replacement F R P F O P O N Spinning lasts less than 15 seconds R N Paralysis P F P F O R N Vertigo causes nausea or vomiting O R N Problem walking P N F P \mathbf{O} R Altered temperature sense O R N Pinched nerve F P F O R P N Balance loss O R N Sciatica R P Trip over things F P Sprain or strain F O N O R N Can't walk in a straight line F O R P N F O R P N Swollen joint P F P F R Falling or leaning to one side O R N **Tendonitis** O N F O R P N Motion sickness Pain, Numb or Stiff: F O R P N Nausea/ Gut problems F O R P N Ankle P F P F R N O N O Can read in a moving car R Arm P F P F O R N Sloppy handwriting O R N Elbow P F P F O R N Clumsy with tools or utensils O R N Foot F P F P O R N Slurred speech O R N Hand F R P N Get confused F O R P N Hip O F O R P N Loose train of thought F O R P N Knee R P Think of many things F O P N F O N R Leg F O R P N Stressed F O R P N Low back Mes P Sense of smell changed F R O R P O N N Neck P Ν Loss of smell F O P N Shoulder F O R R F O R P N Eye problems F O R P N Tail bone P F P Loss or diminished vision F O R N O R Upper back P DIGESTIVE SYSTEM F O R N Near loss P F O R N Distance loss F \mathbf{O} R N Abdominal cramps P Find it difficult to read P F O R N F O R N Black stools F O R P N Double vision F O R P N Bloody stools R P Blurred vision F P N Bloating O N O R O R P Sense change in face O R P Colon trouble

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		1	ı				
F	О	R	P	N	Constipation		
F	О	R	P	N	Diarrhea		
F	О	R	P	N	Excessive belching		
F	О	R	P	N	Excessive gas		
F	О	R	P	N	Excessive hunger		
F	О	R	P	N	Excessive thirst		
F	О	R	P	N	Gall problems		
F	О	R	P	N	Wipe bottom more than twice		
F	О	R	P	N	Have to re-wipe bottom later		
F	Ο	R	P	N	Hemorrhoids		
F	0	R	P	N	Heartburn		
F	О	R	P	N	Hernia		
F	О	R	P	N	Indigestion		
F	О	R	P	N	Jaundice		
F	О	R	P	N	Liver problems		
F	О	R	P	N	Nausea		
F	О	R	P	N	Pain with fatty foods		
F	0	R	P	N	Pale stools		
F	0	R	P	N	Poor appetite		
F	O	R	P	N	Stomach pain		
F	0	R	P	N	Stools abnormal		
F	0	R	P	N	Stools float		
F	0	R	P	N	Swollen abdomen		
F	0	R	P	N	Ulcers		
F	0	R	P	N	Vomiting		
F	0	R	P	N	Vomiting blood		
1,	U				R SYSTEM & LUNGS		
F	0	R	P	N	Ankle swelling		
F	0	R	P	N	Arrythmia (irregular pulse)		
F	0	R	P	N	Blood pressure high		
F	0	R	P	N	Blood pressure low		
F		R	P		•		
F	O O	R	P	N N	Breathing problem Chest infection		
F	0	R	P	N			
					Charie and		
F F	0	R R	P P	N N	Chronic cough		
	0				Coughing up blood		
F	0	R	P	N	Dizzy or lightheaded getting up		
F	0	R	P	N	Hardened arteries		
F	0	R	P	N	Heart problems		
F	0	R	P	N	High cholesterol		
F	0	R	P	N	High pulse rate		
F	0	R	P	N	Lung problems		
F	0	R	P	N	Poor circulation		
F	0	R	P	N	Stroke		
F	0	R	P	N	Transient ischemic attack (TIA)		
F	О	R	P	N	Varicose vein		
GENITO-URINARY							
F	О	R	P	N	Difficulty urinating		
F	О	R	P	N	Difficulty initiating stream		
F	О	R	P	N	Discolored urine		
F	О	R	P	N	Dribbling urine		
F	О	R	P	N	Excessive urine		
F	О	R	P	N	Get up at night to urinate		
F	О	R	P	N	Kidney disease		
F	О	R	P	N	Kidney infection		
F	О	R	P	N	Kidney stones		
F	О	R	P	N	Painful urination		
-							

K	= Kai	reiy		P =	Past Problems $N = Never$					
F	О	R	P	N	Loss of bladder control					
F	0	R	P	N	Painful urination					
F	0	R	P	N	Genito-urinary infection					
F	O	R	P	N	Reduced flow of urine					
F	0	R	P	N	Urgency for urination					
F	0	R	P	N	Urinate with increased frequency					
MALE REPRODUCTIVE										
F	О	R	P	N	Impotency					
F	0	R	P	N	Prostate problem					
FEMALE REPRODUCTIVE										
F	О	R	P	N	Breast problems					
F	O	R	P	N	Difficult births					
F	0	R	P	N	Difficulty conceiving					
F	O	R	P	N	Dryness with sex					
F	0	R	P	N	Gynecological operations					
F	O	R	P	N	HRT					
F	O	R	P	N	Intra-uterine device/ coil					
F	O	R	P	N	Menstrual problems					
F	O	R	P	N	Menopausal					
F	O	R	P	N	Contraceptive pill					
F	O	R	P	N	Period pain					
F	О	R	P	N	Vaginal itching					
F	О	R	P	N	Yeast infections					
					SKIN					
F	О	R	P	N	Bruises easily					
F	О	R	P	N	Eczema					
F	О	R	P	N	Hives					
F	О	R	P	N	Itching					
F	О	R	P	N	Psoriasis					
F	О	R	P	N	Skin abnormalities					
			•		ILLNESSES					
F	О	R	P	N	Alcoholism					
F	О	R	P	N	Alzheimer's					
F	О	R	P	N	Anemia					
F	О	R	P	N	Angina					
F	О	R	P	N	Ankylosing spondylitis (AS)					
F	О	R	P	N	Asthma					
F	О	R	P	N	Blood disorder					
F	О	R	P	N	Cancer					
F	O	R	P	N	Chronic Fatigue (ME)					
F	O	R	P	N	Cold sore					
F	0	R	P	N	Diabetes					
F	0	R	P	N	Fibromyalgia					
F	0	R	P	N	HIV					
F	0	R	P	N	Irritable bowel (IBS, IBD)					
F	0	R	P	N	Lyme's disease					
F	0	R	P	N	Mental disorder					
F	0	R	P	N	Multiple sclerosis (MS)					
F	0	R	P	N	Osteoporosis					
F	0	R	P	N	Parkinson's (PD)					
F	0	R	P	N	Pleurisy					
F	0	R	P	N	Polymyalgia rheumatica (PMR)					
F	0	R	P	N	Pheumonia Pheumotoid authoritis (PA)					
F	0	R	P	N	Rheumatoid arthritis (RA)					
F	0	R	P	N	Rheumatic fever					
F	O	R	P	N	Thyroid disease					

Which would you consider if your practitioner thought they might be helpful with your condition?

Complementary Therapy	Tried	Would	No	Comments:
or Exercise Class	Before	Consider	Interest	
Alexander Technique				
Aromatherapy Massage				
CranioSacral Technique				
Chakra Work				
Chanting				
Cognitive Behavioral CBT				
Counselling				
Emotional Freedom EFT				
Healing				
Homeopathy				
Hypnotherapy				
Hot Stone Massage				
Indian Head Massage				
Meditation				
Mindfulness				
Physiotherapy				
Pilates				
Psychotherapy				
Reflexology				
Reiki				
Remedial Massage				
Tai Chi				
Yoga				
Others:				