

SYNERGY

Sports · Wellness · Institute

CONFIDENTIAL CASE HISTORY

(PLEASE PRINT LEGIBLY)

Name: _____ Sex: Female or Male Date: _____

Street: _____ City/State/Zip: _____

Phone: C: (____) _____ H: (____) _____ W: (____) _____

Email: _____ Would you like to receive our newsletter? ___Yes ___No

How did you hear about our office? _____

DOB: _____ Age: _____ Ht: _____ Wt: _____ Blood Type: O A B AB

Marital Status: M D S W

Emergency Contact/ # _____

Partner's Name _____

Children's' Name/Ages: _____

Occupation: _____

Occupational Stressors (Chemical, Physical, Structural, Psych): _____

List all know Allergies:

Recent Exams (give dates): Physical _____ Eye _____

Dental _____ Ob/Gyn _____ Specialist _____

Please list 6 major health concerns in your order of importance:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

List ALL medications (prescriptions and over-the-counter) you take. (Use additional pages if necessary.)

Name of Prescription/OTC	Dosage	How long have you taken this and for what condition?
_____	_____	_____
_____	_____	_____
_____	_____	_____

List ALL nutritional supplements you now take. (Use additional pages if necessary.)

Name of Supplements	Dosage	How long have you taken this and for what condition?
_____	_____	_____
_____	_____	_____
_____	_____	_____

List ALL prior surgeries, hospitalizations, injuries, fractures, dislocations, and illnesses.

Doctor Name	Date	Treatments / Procedures	Results
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____

Please check all of the following conditions you have experienced in your lifetime.

- Cancer
- Stroke
- Mumps
- Measles
- Kidney infection
- Goiter
- Hepatitis
- Diabetes
- Anemia
- Ulcers
- ADD/ADHD
- Heart disease
- Pneumonia
- Alcoholism
- Chicken Pox
- Gout
- Depression
- Chronic Fatigue
- Seizures
- Asthma
- Fibromyalgia
- Appendicitis
- Thyroid disease
- Parkinson's
- Epilepsy
- Allergies
- Alzheimer's
- MS
- Gall Bladder Inflammation

Please check all of the following conditions your family has experienced.

- Father:** Cancer Stroke Heart Disease Diabetes Parkinson's Alzheimer's MS
- Mother:** Cancer Stroke Heart Disease Diabetes Parkinson's Alzheimer's MS
- Sisters:** Cancer Stroke Heart Disease Diabetes Parkinson's Alzheimer's MS
- Brothers:** Cancer Stroke Heart Disease Diabetes Parkinson's Alzheimer's MS
- Grandmother (M):** Cancer Stroke Heart Disease Diabetes Parkinson's Alzheimer's MS
- Grandfather (M):** Cancer Stroke Heart Disease Diabetes Parkinson's Alzheimer's MS
- Grandmother (P):** Cancer Stroke Heart Disease Diabetes Parkinson's Alzheimer's MS
- Grandfather (P):** Cancer Stroke Heart Disease Diabetes Parkinson's Alzheimer's MS

List any other health concerns not listed:
