

FAMILY HISTORY

DIABETES HEART KIDNEY CANCER BACK

Mother	___	___	___	___	___
Father	___	___	___	___	___
Brother No. of ___	___	___	___	___	___
Sister No. of ___	___	___	___	___	___

Have you had any of the following diseases?

___ Appendicitis	___ Anemia	___ Heart Disease	___ Arthritis
___ Pneumonia	___ Measles	___ Goiter	___ Epilepsy
___ Rheumatic Fever	___ Mumps	___ Influenza	___ Mental Disorder
___ Polio	___ Chicken Pox	___ Pleurisy	___ Lumbago
___ Tuberculosis	___ Diabetes	___ Alcoholism	___ Eczema
___ Whooping Cough	___ Cancer	___ Verereal infection	___ AIDS/HIV

OPERATIONS & PROCEDURES

Date _____ Vaccinations	Date _____ Tubes in Ears	Date _____ Sinus
Date _____ Tonsillectomy	Date _____ Appendectomy	Date _____ Hernia
Date _____ Gall Bladder	Date _____ Female Organs	Date _____ Thyroid
Date _____ Back Operations	Date _____ Rectal Surgery	Date _____ Stomach

Other: _____

List any Accidents or Falls:

Car: _____

Motorcycle: _____ Other: _____

Sports: _____ School: _____

BROKEN BONES OR DISLOCATIONS:

(Fractures) _____

Ever on Crutches? Yes ___ No ___ Why? _____

Have you ever had any spinal taps or spinal injections? Yes ___ No ___

Were you ever knocked unconscious? Yes ___ No ___

Have you ever had a lapse of memory? _____ Have you ever had x-rays taken? _____

If so When: _____ By Whom? _____

For what ailments were these pictures made? _____

Do you suffer from any condition other than that which you are now consulting us? _____

Are you presently taking any medication Prescription or Patent? _____

If so, what drugs? _____

Note: It is understood and agreed the amount paid _____ for x-rays, is for examination only and the x-ray negatives will remain the property of this office, being on file where they may be seen at any time while a patient of this office. The patient also agrees he/she is responsible for payment for all bills incurred at this office. (X-rays are not transferable.)

Signature: _____ Date: _____

TO AVOID ADDED BOOKKEEPING EXPENSE, PAYMENT IS EXPECTED AT THE TIME SERVICE IS RENDERED UNLESS OTHER ARRANGEMENTS ARE MADE.