Hands 2 Health Chiropractic

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Name: _____ Date: _____

List the five (5) Main Complaints, in order of importance:
1.
2.
3.
4.
5.

List Current & Past Medications and their purpose:

List Over-The-Counter Medications

List of Allergies or Sensitivities:	

List of Vitamins taken:	List of Herbs taken:	List of Homoepathics taken:

Describe Your General Health: ❑ Good ❑ Fair ❑ Poor

Sleep_____hrs/night Do you sleep on your ❑ Back ❑ Side ❑ Stomach

Exercise_____hrs/week _____

Name:_____ Date: _____

What kind of pillow do you use? ❑ Thick ❑ Medium ❑ Thin ❑ None ❑ Support ❑ Water-filled
❑ Other _____

Do you wear…? ❑ Heel lifts ❑ Shoe lifts ❑ Arch Supports ❑ Orthotics ❑ Other _____

CONDITIONS: Check (✓) conditions you have or have had in the past.			
❑ AIDS	❑ Diabetes	❑ Liver Disease	❑ Rheumatic fever
❑ Alcoholism	❑ Emphysema	❑ Measles	❑ Scarlet fever
❑ Anemia	❑ Epilepsy	❑ Migraine headaches	❑ Stroke
❑ Anorexia	❑ Fractures	❑ Miscarriage	❑ Suicide attempt
❑ Appendicitis	❑ Glaucoma	❑ Mononucleosis	❑ Thyroid problems
❑ Arthritis	❑ Goiter	❑ Multiple sclerosis	❑ Tonsillitis
❑ Asthma	❑ Gonorrhea	❑ Mumps	❑ Tuberculosis
❑ Bleeding Disorders	❑ Gout	❑ Osteoporosis	❑ Tumors, growths
❑ Breast Lump	❑ Heart Disease	❑ Pacemaker	❑ Typhoid fever
❑ Bronchitis	❑ Hepatitis	❑ Pneumonia	❑ Ulcers
❑ Bulimia	❑ Hernia	❑ Polio	❑ Vaginal infections
❑ Cancer	❑ Herpes	❑ Prostate problem	❑ Venereal disease
❑ Cataracts	❑ High cholesterol	❑ Prosthesis	❑ Whooping cough
❑ Chemical dependency	❑ HIV positive	❑ Psychiatric care	❑ Other
❑ Chicken pox	❑ Kidney disease	❑ Rheumatoid arthritis	

Have you had the following exams?	Date	Result
Mammogram		
Bone Density		
Pap Smear		
Thermography		
Blood Tests		
Colonoscopy		
Sigmoidoscopy		
Biopsies		
Dental Exam		
Physical Exam		
Blood Pressure		
Cholesterol		
Prostate Exam		
Other:		

Place of Birth: _____ Raised?: _____

Have you traveled outside the USA, where? _____ when? _____

How much of the following do you consume now or in the past:
Alcohol:_____/ week :_____/ day Caffeine:_____/ week

Name:_____ Date: _____

If you were born between 1945 – 1975 did your mother take diethylstilbestrol (DES) or other drugs to prevent miscarriages during her pregnancy with you? _____

List Surgeries you have had…

EXERCISE and Your Health:

What is your current weight:_____ Height: _____
What is the body weight you currently feel is the best for you?: _____
Have you been on diets in the past to lose or gain weight?: _____
How do you feel about your body fitness presently?: _____
Type of Aerobic exercise: _____
How many times a week?: _____
Do you stretch?: _____ How long?: _____
Do you Weight Train? _____ How many times a week?: _____
Have you ever worked with a trainer?: _____ How many sessions?: _____
Are you satisfied with your exercise program?: _____
Do you need some kind of support with your exercise program?: _____

EMOTIONAL Health:

Do you feel connected in your life with family and friends?: _____
Do you feel connected spiritually (however you define that)?" _____
Do you regularly get out in nature?:_____
In general, do you see the cup as half full or half empty?_____
What do you do to reduce stress?:_____
Do you feel that you are depressed or anxious?:_____
Have you ever received counseling _____
If y u have a primary relationship, do you feel good about your relationship: _____
How long have you been together?: _____

How would you describe your energy level throughout the day?					
	High	**Low**	**Tired**	**Best**	**Comments**
Morning					
Afternoon					
Evening					

Name:_____ Date: _____

Neck, Back , Extremities Check symptoms you currently have or have had in the past			
NECK	**MID-BACK**	**ARMS & HANDS**	**LEGS & FEET**
❑ Pain in neck	❑ Mid-back pain	❑ Pain in upper arm	❑ Pain down leg
❑ Neck stiffness	❑ Mid-back stiffness	❑ Pain in elbow	❑ Pain in knee
❑ Neck weakness	❑ Pain between shoulder blades	❑ Pain in forearm	❑ Pain in ankle
❑ Pinched nerve in neck	❑ Pain from front to back	❑ Pain in hand	❑ Pain in foot
❑ Neck feels out of place	❑ Muscle spasms	❑ Pain in fingers	❑ Weakness in leg
❑ Muscle spasms in neck	**LOW BACK**	❑ Pins/needles in arm	❑ Weakness in knee
❑ Grinding/popping in neck	❑ Low back pain	❑ Pins/needles in fingers	❑ Weakness in foot
SHOULDERS	❑ Low back stiffness	❑ Numbness in arm	❑ Leg Cramps
❑ Pain in Shoulder joint	❑ Low back weakness	❑ Numbness in fingers	❑ Foot Cramps
❑ Pain across shoulders	❑ Pinched nerve-low back	❑ Weakness in arm	❑ Tingling in foot
❑ Can't Raise arms	❑ Low back out of place	❑ Weakness of hand	**~~HIPS~~**
❑ Can't raise arm above shoulder	❑ Muscle spasm-low back	❑ Coldness in hand	❑ Pain in buttocks
❑ Can't raise over head	❑ Tingling	❑ Other	❑ Pain in hip joint
❑ Tension in shoulders	❑ Other	❑ Other	❑ Other
❑ Pinched nv. in shoulder	❑ Other	❑ Other	❑ Other

Please Check off the ones that apply

Section 1

- ☐ Cravings for junk food
- ☐ Drinks wine in evenings
- ☐ Craves refined carbohydrates
- ☐ Frustrating stubborn weight
- ☐ History of low-calorie diets
- ☐ History of up and down weight
- ☐ Fluid retention
- ☐ History of birth control pills
- ☐ History of Hormones Replacement Therapy
- ☐ High protein diets don't work
- ☐ Poor willpower
- ☐ Can't lose weight despite exercise
- ☐ History of blood sugar problems
- ☐ History of menstrual problems

Section 2 (female only)

- ☐ Infertile (difficulty getting pregnant)
- ☐ PMS
- ☐ Irregular periods
- ☐ Depression during menstruation
- ☐ Ovarian cysts
- ☐ Bloating and cramping during menstruation
- ☐ Weight gain during menstruation
- ☐ Weight gain during ovulation
- ☐ Difficulty losing weight after pregnancy
- ☐ Heavy bleeding during menstruation
- ☐ Pain in the low back pelvic area
- ☐ Pain in the front hip area
- ☐ Acne during menstruation
- ☐ Knee pain
- ☐ Fibrocystic breasts
- ☐ Enlarged swollen breasts during menstruation
- ☐ Bladder infections (recurrent)

Section 3 (female only)

- ☐ Hot flashes
- ☐ Night Sweats
- ☐ Vaginal Dryness
- ☐ Leaky bladder
- ☐ Frequent urination at night
- ☐ Fibroids
- ☐ Depression
- ☐ Endometriosis
- ☐ Bone loss/osteoporosis
- ☐ History of being on Hormone Replacement Therapy
- ☐ History of taking birth control pills

Section 4

- ☐ History of diabetes in family
- ☐ Cravings for sweats, refined carbohydrates
- ☐ Tired at 3:00 pm (afternoon)
- ☐ Difficulty getting to sleep at night
- ☐ Awake after a few hours of sleep
- ☐ Waking early morning and can't get back to bed
- ☐ Boils

Name: _____ Date: _____

- ☐ Acne
- ☐ Lack of energy
- ☐ Depression
- ☐ Anxiety
- ☐ History of eating lots of sugar and refined carbohydrates
- ☐ Slow healing
- ☐ Numbness or tingling in finger tips or toes
- ☐ Eye sight getting worse
- ☐ Excessive thirst
- ☐ Gets irritable or shaky when hungry
- ☐ Eating improves fatigue
- ☐ Lightheaded if doesn't eat
- ☐ Afternoon headaches
- ☐ Fatigue 1-2 hours after eating sugar or refined carbohydrates

Section 5

- ☐ Stubborn Weight
- ☐ Fatigue
- ☐ Intolerance to cold
- ☐ Cold hands or feet or low body temperature
- ☐ Dry or itchy skin
- ☐ Sluggish elimination or constipation
- ☐ Mental sluggishness or lethargy
- ☐ Anxiety
- ☐ Depression
- ☐ Nervousness
- ☐ Flabby skin underneath arm and neck
- ☐ Heart palpitations
- ☐ Hair loss
- ☐ Lack of interest in life
- ☐ High cholesterol
- ☐ Ridged nails (vertical–up and down) or brittle nails
- ☐ Pain the in the wrist (carpal tunnel syndrome)
- ☐ Cravings for sweets
- ☐ Insomnia

Section 6

- ☐ Fatigue
- ☐ Difficulty sleeping through the night
- ☐ Early morning insomnia
- ☐ Bad breath
- ☐ High blood pressure
- ☐ High cholesterol
- ☐ Blood sugar problems
- ☐ Stomach bloats when eating wheat or sugar
- ☐ Skin problems
- ☐ Burning feet
- ☐ Blurred vision
- ☐ Itchy skin and feet
- ☐ Anxiety
- ☐ Bowel movement light colored
- ☐ Pain between shoulder blades
- ☐ Sneezing attacks
- ☐ Nightmare types dreams
- ☐ Eating protein causes gas
- ☐ Coated tongue (white film)
- ☐ Indigestion, acid reflux
- ☐ Irritable bowel problems
- ☐ Difficulty getting out of bed in the morning
- ☐ History of eating refined carbohydrates / sugar
- ☐ History of birth control pills
- ☐ History of antibiotics
- ☐ Toe nail fungus
- ☐ Headaches or Migraines
- ☐ History of Hormone Replacement Therapy
- ☐ Fibromyalgia (many tender spots in muscles)
- ☐ Redness in eyes
- ☐ Painful joints
- ☐ Low back pain
- ☐ Lower neck stiffness
- ☐ Right shoulder pain or tightness
- ☐ Bloating after eating in abdomen
- ☐ Belching/burping after eating
- ☐ Full sensation under right rib cage
- ☐ Yellowish color in eye whites
- ☐ Heartburn
- ☐ Constipation
- ☐ Itchy private parts
- ☐ Yeast or candida
- ☐ History of antibiotics

Section 7 (male only)

- ☐ Urination difficulty or dribbling
- ☐ Night urination frequency
- ☐ Pain on inside of heels or legs
- ☐ Lack of vigor and vitality
- ☐ Legs nervous at night
- ☐ Diminished sex drive

Name:_____ Date: _____

Section 7 continued

- ☐ Impotency
- ☐ Infertile

Section 8

- ☐ Out of breath when walking up stairs
- ☐ Dizziness
- ☐ Excessive facial hair - female
- ☐ Perspiring after getting out of shower
- ☐ Fatigue during the day
- ☐ Difficulty getting out of bed in morning
- ☐ Waking up in the middle of the night
- ☐ Difficulty falling to sleep
- ☐ Afternoon headaches
- ☐ Arthritis or stiff and painful joints
- ☐ Bursitis
- ☐ Tendonitis
- ☐ Twitch under eye lid
- ☐ Heel spurs
- ☐ Low back weakness or pain
- ☐ Itchiness or hives
- ☐ Nervousness
- ☐ Fluid retention
- ☐ Dehydrated despite amount of fluid consumed
- ☐ Swollen ankles
- ☐ Allergies
- ☐ Asthma
- ☐ Craving salt (chips, pretzels)
- ☐ Enlarged abdomen
- ☐ Enlarged bump in upper back/lower neck
- ☐ Hands and feet go to sleep easily
- ☐ Chest pain
- ☐ Aware of breathing heavily
- ☐ Muscle cramps, worse during exercise
- ☐ Dull pain in chest or radiating in left arm
- ☐ Nose bleeds frequently
- ☐ Ringing in the ears

Name:_____ Date: _____

WHAT IS THE CAUSE OF YOUR WEIGHT PROBLEM?

Take this QUIZ to find out.

1) Body Clue:
- a) Crave sweets, breads and pasta?
- b) Crave salt, (pretzels, cheese or chips)?
- c) Crave pickles and deep fried foods?
- d) Crave creamy spicy hot food?

2) Body Clue:
- a) Depression or hopeless?
- b) Worry or anxiety?
- c) Easily angered, moody?
- d) Moodiness or irritable at cycles?

3) Body Clue:
- a) Feels better on fruits and berries?
- b) Needs coffee or stimulants to wake up?
- c) Fatty foods cause a tight feeling over right lower stomach or rib cage?
- d) Menstruation causes constipation?

4) Body clue:
- a) Brittle nails with vertical (up & down) ridges?
- b) Brittle nails with no ridges?
- c) Pain/tightness in right shoulder area?
- d) Pain in right or left low back area?

5) Body clue:
- a) Weight more evenly distributed?
- b) Larger abdomen, skinnier legs and arms?
- c) Protruding abdomen (pot belly)?
- d) Lower thighs and hip fat (saddle bags)?

6) Body clue:
- a) Dry skin and hair?
- b) Swollen ankles; socks leave creases on ankle?
- c) Bloating after eating?
- d) Hair loss at menstrual cycle?

7) Body clue:
- a) Big or thick ankles?
- b) Round face?
- c) Finger joints get swollen or painful upon getting up in the morning?
- d) Hot flashes or history of bad menstruation?

8) Body clue:
- a) Loss of hair at outer eye brows?
- b) Facial hair?
- c) Hot feet or swollen feet?
- d) Menstrual cyclic brain fog?

9) Body clue:
- a) Internal body is always cold?
- b) Pain & inflammation?
- c) Headaches or head feels heavy in morning?
- d) Excessive menstrual bleeding?

10) Body clue:
- a) Puffiness around eye?
- b) Unusual feeling of "out of breath" while climbing stairs?
- c) Brown spots on skin?
- d) Low sex drive?

11) Body clue:
- a) Excessive skin sagging?
- b) Water retention yet feels dehydrated?
- c) Gets up 1-2 hours before alarm clock?
- d) Weight gain around menstrual period?

12) Body clue:
- a) Tires easily, even with exercise?
- b) Wakes up in middle of the night?
- c) Deep crease down center of tongue?
- d) Waist and upper body is smaller than lower body (hips & thighs)?

13) Body clue:
- a) Thicker tongue?
- b) Larger breasts?
- c) Cracks in the corners of mouth?
- d) Smaller breasts?

14) Body clue:
- a) Cold hands and feet?
- b) Needs nap around 3:00 in the afternoon?
- c) Not a morning person, but a night person?
- d) History of ovarian cysts?

Count up how many of each.

Total a's: _____ = Thyroid Body Type
Total b's: _____ = Adrenal Body Type
Total c's: _____ = Liver Body Type
Total d's: _____ = Ovary Body Type

This will give you the main body type for you. It's possible to have multiple things wrong but there will always be a primary (main) body type.