SPINOS FAMILY CHIROPRACTIC
1000 N Center Street
Ebensburg, PA 15931
814-419-8445

Patient Information

Name:_____

Please answer the following questions:

Height_____ ft. _____inches

Weight _____lbs.

Smoking Status
◯ Current every day smoker
◯ Current some day smoker
◯ Former smoker
◯ Never smoker

Do you have any medication allergies?
◯ No known medication allergies
◯ Yes
Please list: _____

Are you currently taking any medications?
◯ Not currently prescribed any medications
◯ Yes

Please list:
_____

_____

_____

_____

Personal/Family History

DISEASE/CONDITION (Please check all that apply and circle the appropriate answer)

Arthritis	☐	Self	Mother	Father
Osteoarthritis	☐	Self	Mother	Father
Rheumatoid Arthritis	☐	Self	Mother	Father
Fibromyalgia	☐	Self	Mother	Father
Asthma	☐	Self	Mother	Father
Heart Disease	☐	Self	Mother	Father
High Blood Pressure	☐	Self	Mother	Father
Thyroid Disease	☐	Self	Mother	Father
Diabetes	☐	Self	Mother	Father
Kidney Disease	☐	Self	Mother	Father

Autoimmune Type:_____ Self Mother Father

Cancer Type:_____ Self Mother Father

Other:_____ Self Mother Father

Please list any major surgeries below: **DATE**

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____