

Dr. Brian Self, Chiropractic Physician Arizona Pain and Wellness Centers, L.L.C.
4915 E. Baseline Rd., Ste.101 Gilbert, AZ 85234 (602) 281-3244 Fax (602) 391-2810

Please list all medications and dosage: **Frequency** **For What Illness?**

List any allergies to medications, foods or other: _____

Do you smoke? ... Yes/ No; How much? _____ Do you drink alcohol? ... Yes/No; How much? _____

Please list all serious illness and serious accidents: **Month and Year** **City, State**

Please list any recent x-rays, lab or other tests: **Date** **Facility/Doctor**

DO YOU HAVE A HISTORY OF ANY OF THE FOLLOWING DISEASES?:

Tuberculosis ... Yes	Lung Disease ... Yes	Diabetes ... Yes	Aids ...Yes
Kidney Disease ... Yes	Stomach/Ulcer ... Yes	Heart Disease ... Yes	Hepatitis ... Yes
Blood Pressure ... Yes	Polio / MS ... Yes	Drug Dependence..Yes	Thyroid Disease..Yes
Stroke ... Yes	Cancer ... Yes	Bleeding ... Yes	Anemia ...Yes
Paralysis ... Yes	Seizures ... Yes	Asthma ... Yes	

Have you ever had or do you currently have any of the following?

Metastatic Cancer (cancer that has spread to the bones)	Yes/No
Severe Osteoporosis	Yes/No
Spondylolisthesis Grade 3 or 4	Yes/No
Compression Fracture in the low back	Yes/No
Aortic Aneurysm	Yes/No
Pelvic or abdominal Cancer	Yes/No

Do you currently have any rods, screws or metal in 5your low back or neck? Yes/No

Have you ever had a fusion surgery on your low back or neck? Yes/No

Are you currently pregnant? Yes/No

Do any diseases or conditions run in your family? _____

Do you have a past history of cancer? Yes/No If so what kind? _____

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Have you had any unexplained weight loss? Yes/No If so how much? _____

Do you have a history of prolonged use of corticosteroids? Yes/No

Are you having trouble starting or stopping urination? Yes/No

Do you have any numbness in the groin region? Yes/No

Do you have the feeling that your legs are going to give out? Yes/No

YOUR GROUP HEALTH INSURANCE COMPANY: _____

Address: _____ Telephone: (_____) _____ Insured: _____

Date of Birth: _____ Policy #: _____ SS#: _____

Telephone: (_____) _____ Fax: (_____) _____