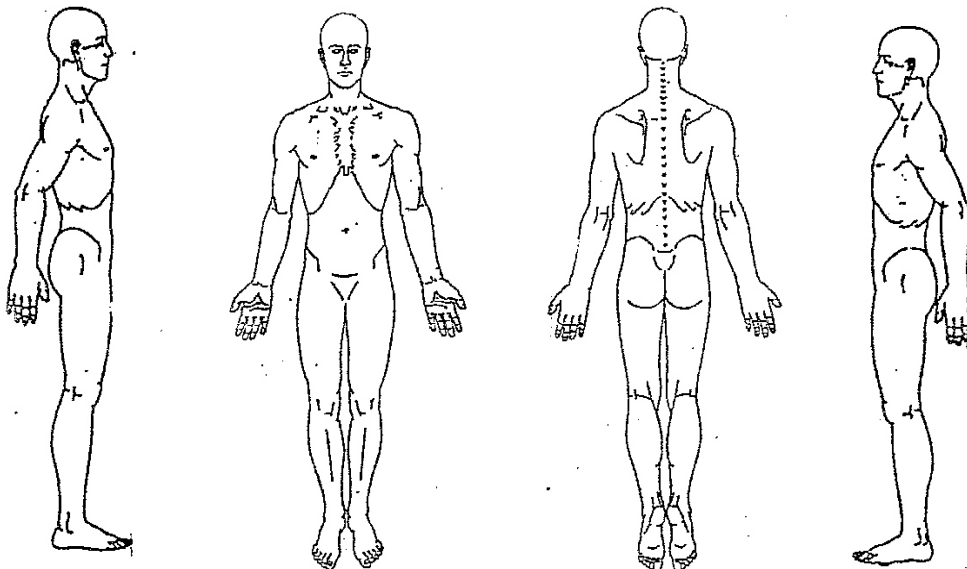


# BoulderBodyworks

## Patient History

<b>Name:</b>		<b>DOB:</b>		<b>Intake Date:</b>			
<b>Email:</b>		<b>Phone #s:</b> <small>(Please check your preferred contact number)</small>	<input type="checkbox"/> Cell				
<b>Address:</b>			<input type="checkbox"/> Home				
<b>City, State &amp; Zip:</b>			<input type="checkbox"/> Work				
<b>Referred By:</b>		<b>Height:</b>		<b>Occupation:</b>			
<b>Emergency Contact:</b>		<b>Emergency Contact Phone:</b>					
<b>Primary Medical Care Providers:</b>							
<b>Are you pregnant?</b>	Y / N	<b>How many weeks?</b>		<b>When is your due date?</b>		<b>Are you a high risk pregnancy?</b>	Y / N
<b>Presenting Complaint(s):</b>							

Please mark regions of **pain with X's**, mark **P** for "pins & needles" and **N** for "numbness"



**Please describe your current diet and activities:**

**Diet:**

**Activities:**

**List all medications/nutritional supplements you take (include brand name & dosage):**

**List all surgeries (include approximate dates):**

**List all motor vehicle accidents (include approximate dates):**

**List all fractured bones, sprains and major falls:**

**Do you remember any falls on your tailbone? (think of episodes on snow or ice):**

**List previous medical diagnostic tests and finds (blood chemistry, MRI, etc.) pertinent to presenting complaint(s):**

**List previous treatments for presenting complaint(s) and results:**

**Other information you would like to include (including your goals for treatment):**

## Your Medical History

Please mark all that apply with an X

- Arthritis
- Allergies/Hayfever
- Asthma
- Alcoholism
- Alzheimer's disease
- Autoimmune disease
- High blood pressure
- Low blood pressure
- Bronchitis
- Cancer
- Chronic Fatigue
- Carpal Tunnel
- Elevated Cholesterol
- Circulatory problems
- Colitis
- Dental problems
- Depression
- Diabetes
- Diverticulitis
- Drug addiction
- Eating disorder
- Epilepsy
- Emphysema
- Ear, nose, throat problems
- Environmental sensitivities
- Fibromyalgia
- Food intolerance
- Gastroesophageal reflux
- Genetic disorder
- Glaucoma
- Gout
- Heart Disease
- Chronic infections
- Kidney disease
- Learning disabilities
- Liver/gall bladder disease
- Mental illness
- Migraine headaches
- Neurologic disease
- Sinus problems
- Stroke
- Thyroid dysfunction
- Obesity
- Osteoporosis
- Pneumonia
- Sexually transmitted disease

- Skin problems
- Tuberculosis
- Ulcer
- Urinary tract infection
- Varicose veins
- Other\_\_\_\_\_
- Other\_\_\_\_\_
- Other\_\_\_\_\_
- Other\_\_\_\_\_

### Female Health

- Menstrual Irregularities
  - Endometriosis
  - Infertility
  - Fibrocystic breasts
  - Uteran fibroids
  - Ovarian Cysts
  - PMS
  - Breast cancer
  - Pelvic inflammatory disease
  - Vaginal infections
  - Diminished sex drive
- Age of 1<sup>st</sup> period\_\_\_\_\_
- Date of last GYN exam\_\_\_\_\_
- Mammogram + \_\_\_ - \_\_\_
- Pap + \_\_\_ - \_\_\_
- Form of birth control\_\_\_\_\_
- # of children\_\_\_\_\_
- # of pregnancies\_\_\_\_\_
- C-section
- Hysterectomy
- Menopause
- Date of last period\_\_\_\_\_
- recent changes in menstrual flow?  
\_\_\_\_\_

### Male Health

- Benign prostate hyperplasia
- Prostate cancer
- Diminished sex drive
- Infertility
- Other\_\_\_\_\_

### Family Health History

- Arthritis, rheumatoid
- Arthritis, osteoarthritis
- Alcoholism
- Alzheimer's disease
- Cancer
- Depression
- Diabetes
- Drug addiction
- Eating disorders
- Genetic disorders
- Glaucoma
- Heart disease
- Infertility
- Mental illness
- Migraine headaches
- Neurologic disorder
- Obesity
- Osteoporosis
- Stroke
- Suicide
- Other\_\_\_\_\_
- Other\_\_\_\_\_

### Health Habits

- Tobacco
- # cigarettes per day\_\_\_\_\_
- Alcohol
- Wine: glasses per day/wk\_\_\_\_\_
- Beer: # per day/wk\_\_\_\_\_
- Liquor: oz. per day/wk\_\_\_\_\_
- Caffeine
- Coffee: #6oz cups per day\_\_\_\_\_
- Espresso: #oz per day\_\_\_\_\_
- Tea: #6oz cups per day\_\_\_\_\_
- Soda: #cans per day\_\_\_\_\_
- Water
- # of glasses per day\_\_\_\_\_

**Exercise**

- 1-2 days/wk
- 3-4 days/wk
- 5-7 days/wk
- 45+ min/workout
- 30-45min/workout
- <30min/workout
- Walk
- Run, jog, jump rope
- Weight lifting
- Swim
- Martial arts
- Yoga
- Pilates
- Tai Chi
- Cycling
- Other \_\_\_\_\_
- Other \_\_\_\_\_

**Diet**

- Omnivore (meat & vegetables)
- Vegetarian (vegetarian + milk/eggs)
- Vegan (vegetarian & NO eggs/ milk)
- Salt restriction
- Fat restriction
- High Carbohydrate diet
- Calorie restriction

**Known Food Sensitivities**

- Dairy
- Wheat
- Eggs
- Citrus
- Soy
- Corn
- Nuts
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

**Food Frequency**

- \*\*\* servings per day
- Fruit
- Vegetables
- Cooked grains
- Beans
- Dairy
- Eggs
- Meat, poultry, fish
- Water

**Eating Habits**

- Three meals/day
- Two meals/day
- One meal/day
- Graze (small frequent meals)
- Food rotation
- Eat constantly whether hungry or not
- Generally eat on the run
- Add salt to food

**Do you consider yourself**

- Underweight
- Overweight
- Ideal weight
- Unintentional weight loss/gain lately
- Your weight today

**Do you experience any of these general symptoms daily?**

- Fatigue
- Depression
- Disinterest in sex
- Disinterest in eating
- Shortness or breath
- Panic attacks
- Headaches
- Dizziness
- Insomnia
- Nausea
- Vomiting
- Diarrhea
- Constipation
- Urinary incontinence
- Fecal incontinence
- Low grade fever
- Chronic pain/inflammation
- Bleeding
- Mucous or pus discharge
- Itching/Rash

**Is your job associates with**

- Extensive stress
- Harmful chemicals
- Repetitive movement
- Heavy lifting
- Life threatening activities (e.g. firefighter)

**Sleep Habits**

- Sleep well-no problems
- Sleep disturbance-mild
- Sleep disturbance-moderate
- Sleep disturbance-extreme
- Sleep apnea
- Awaken to urinate
- Recent changes in sleep
- Awaken same time each night at \_\_\_\_\_ a.m./p.m.
- Use medication to sleep

Generally sleep \_\_\_\_\_ hrs/night

**Your primary treatment goals are**

- Pain relief
- More energy
- Improved digestion
- Increased strength
- Increased sex drive
- Improved skin, hair, nails
- Improved moods
- Improved brain function
- Headache relief
- Improved range of motion
- Improved sleep
- Allergy relief
- General wellness
- Lower risk of disease
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_