



Waterbury Chiropractic Wellness

MEDICATION / ALLERGY HISTORY

As of February 11, 2015, Waterbury Chiropractic Wellness started using an electronic health system and due to changes with Medicare and Obamacare we are required to have on file in your records the following information:

PATIENT NAME: _____ DATE OF BIRTH: _____

MEDICATIONS

Are you taking pain medications?

No Yes, over the counter pain medications Yes, prescribed pain medications

List your medications:

Medication Name	Dose	Frequency

Need more room please list on back

ALLERGIES

Allergy to Latex? No Yes, explain _____

Allergies to Medications: No Yes, explain _____

Food Allergies: No Yes, explain _____

Environmental Allergies: No Yes, explain _____

Other Allergies: explain _____

Need more room please list on back

PAST SURGICAL HISTORY -- Have you had prior spine surgery? No Yes, Explain below

List Your Previous Surgeries

Surgery	Month/Day/Year	Surgeon	Any Complications?

DIAGNOSTIC STUDIES

Indicate if you have undergone any of the following therapies or diagnostic studies for your condition:

- | | | |
|---|--|--|
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> CT of Lumbar Spine | <input type="checkbox"/> MRI of Thoracic Spine |
| <input type="checkbox"/> Anti-Depressant | <input type="checkbox"/> CT of Pelvis | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Bed Rest | <input type="checkbox"/> CT of Thoracic Spine | <input type="checkbox"/> Tens |
| <input type="checkbox"/> Behavior Therapy | <input type="checkbox"/> EMG Biofeedback | <input type="checkbox"/> Traction |
| <input type="checkbox"/> Bone Density Study | <input type="checkbox"/> Exercise Therapy | <input type="checkbox"/> X-Ray of Cervical Spine |
| <input type="checkbox"/> Bracing / Immobilization | <input type="checkbox"/> Medications | <input type="checkbox"/> X-Ray of Hip |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> MRI of Brain | <input type="checkbox"/> X-Ray of Lumbar Spine |
| <input type="checkbox"/> CT of Brain | <input type="checkbox"/> MRI of Cervical Spine | <input type="checkbox"/> X-Ray of Thoracic Spine |
| <input type="checkbox"/> CT of Cervical Spine | <input type="checkbox"/> MRI of Lumbar Spine | |