Miranda Chiropractic

PERSONAL AND FAMILY HISTORY

Please tell us, who, in your IMMEDIATE family, INCLUDING YOURSELF, suffers from the following conditions. (Living and Deceased)

		4FD	ICATIONIC VOLUDE TAVINIC TAVINIC	TUENA FOR	VITABILIS (MINIED ALC/LIEDDS
Υ	/	Ν	Irritable Bowel		_OTHER
		Ν	HIV/Aids		_NONE OF THE ABOVE
Υ	/	Ν	High Blood Pressure	Y / N	Ulcer
Υ	/	Ν	Heart Disease	Y / N	Tuberculosis
Υ	/	Ν	Headaches	Y / N	Thyroid Disorder
Υ	/	Ν	Hay Fever	Y / N	Stroke
Υ	/	Ν	Fainting	Y / N	Sinus Trouble
Υ	/	Ν	Epilepsy	Y / N	Spinal Disc Disorder
Υ	/	Ν	Emphysema		Sickle Cell Anemia
Υ	/	Ν	Dizziness	Y / N	STD
Υ	/	Ν	Dislocated Joints	Y / N	Scoliosis
Υ	/	Ν	Diabetes		Rheumatic Fever
Υ	/	Ν	Convulsions		Rapid Heart Rate
Υ	/	Ν	Colitis		Prostate Disease/Cancer
Υ	/	Ν	Cancer		Polio
Υ	/	Ν	Bulemia		PMS
		Ν	Breast Soreness		Painful Urination
		N	Blood Disorder		Osteoporosis
		N	Asthma		Multiple Sclorosis
		N	Arthritis		Lung Disease
		N	Aortic Aneurysm		Low Blood Pressure
		N	Anorexia		Liver Disease
		N	Angina		Kidney Stones
Υ	/	Ν	Allergies	Y / N	Kidney Disease

MEDICATIONS YOU'RE TAKING	TAKING THEM FOR	VITAMINS/MINERALS/HERBS