

<b>Human Body Works</b>	<b>CLINIC:</b>	Human Body Works	<b>PHONE:</b>	360 402 6776
	<b>ADDRESS:</b>	4510 Intelco Loop SE Lacey, Washington United States 98503	<b>FAX:</b>	360 347 1850
	<b>EMAIL:</b>	appointments@humanbw.com		

<b>PATIENT INFORMATION</b>		
<b>FIRST NAME</b>	<b>LAST NAME</b>	<b>EMAIL</b>

<b>ADDITIONAL INFORMATION</b>		
<b>DATE OF BIRTH</b>	<b>GENDER</b>	

<b>CONTACT INFORMATION</b>		
<b>HOME PHONE</b>	<b>WORK PHONE</b>	<b>CELL PHONE</b>
<b>ADDRESS</b>		<b>CITY</b>
<b>PROVINCE / STATE</b>	<b>COUNTRY</b>	<b>POSTAL / ZIP CODE</b>

<b>EMERGENCY CONTACT</b>		
<b>NAME</b>	<b>PHONE</b>	<b>RELATIONSHIP TO PATIENT</b>

<b>PATIENT HISTORY</b>		
<b>OCCUPATION</b>	<b>SOURCE OF REFERRAL</b>	<b>CURRENT TREATMENT WITH OTHER PRACTITIONERS</b>
<b>PRIMARY COMPLAINT</b>		
<b>PAST TREATMENT WITH OTHER PRACTITIONERS</b>	<b>GENERAL HEALTH</b>	

<b>DOCTOR INFORMATION</b>		
<b>PHYSICIAN'S NAME</b>	<b>PHYSICIAN ADDRESS</b>	<b>PHYSICIAN PHONE</b>

## PATIENT CONDITIONS

## Area of Complaint

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Ankles (Left)          | <input type="checkbox"/> Ankles (Right)          | <input type="checkbox"/> Arms (Left)          | <input type="checkbox"/> Arms (Right)          |
| <input type="checkbox"/> Elbow (Left)           | <input type="checkbox"/> Elbow (Right)           | <input type="checkbox"/> Feet (Left)          | <input type="checkbox"/> Feet (Right)          |
| <input type="checkbox"/> Hands (Left)           | <input type="checkbox"/> Hands (Right)           | <input type="checkbox"/> Hips (Left)          | <input type="checkbox"/> Hips (Right)          |
| <input type="checkbox"/> Knees (Left)           | <input type="checkbox"/> Knees (Right)           | <input type="checkbox"/> Legs (Left)          | <input type="checkbox"/> Legs (Right)          |
| <input type="checkbox"/> Low Back (Left Side)   | <input type="checkbox"/> Low Back (Right Side)   | <input type="checkbox"/> Mid Back (Left Side) | <input type="checkbox"/> Mid Back (Right Side) |
| <input type="checkbox"/> Neck (Left Side)       | <input type="checkbox"/> Neck (Right Side)       | <input type="checkbox"/> Shoulders (Left)     | <input type="checkbox"/> Shoulders (Right)     |
| <input type="checkbox"/> Upper Back (Left Side) | <input type="checkbox"/> Upper Back (Right Side) | <input type="checkbox"/> Wrist (Left)         | <input type="checkbox"/> Wrist (Right)         |

## Headaches

- |   |                                  |                                    |                                    |
|---|----------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Chronic Daily Headache | <input type="checkbox"/> Cluster | <input type="checkbox"/> Headaches | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Rebound                | <input type="checkbox"/> Sinus   | <input type="checkbox"/> Tension   |                                    |

## Blood

- |  |  |   |                                       |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Anemia              | <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Haemophilia        | <input type="checkbox"/> Hepatitis    |
| <input type="checkbox"/> HIV                 | <input type="checkbox"/> HIV/AIDS          | <input type="checkbox"/> Hypercoagulability | <input type="checkbox"/> Polycythemia |
| <input type="checkbox"/> Thrombosis/Embolism |  |   |                                       |

## Cardiovascular

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Acute Coronary Syndrome        | <input type="checkbox"/> Aneurysm                     | <input type="checkbox"/> Angina                  | <input type="checkbox"/> Atherosclerosis           |
| <input type="checkbox"/> Blood Clots                    | <input type="checkbox"/> Cardiac Arrhythmia           | <input type="checkbox"/> Cardiovascular Accident | <input type="checkbox"/> Cardiovascular Conditions |
| <input type="checkbox"/> Chronic Ischemic Heart Disease | <input type="checkbox"/> Chronic Venous Insufficiency | <input type="checkbox"/> Cold Feet               | <input type="checkbox"/> Cold Hands                |
| <input type="checkbox"/> Congenital Heart Defect        | <input type="checkbox"/> Congestive Heart Failure     | <input type="checkbox"/> Coronary Artery Disease | <input type="checkbox"/> Heart Attack              |
| <input type="checkbox"/> Heart Disease                  | <input type="checkbox"/> High Blood Pressure          | <input type="checkbox"/> Hyperlipidemia          | <input type="checkbox"/> Low Blood Pressure        |
| <input type="checkbox"/> Lymphedema                     | <input type="checkbox"/> Myocardial infarction        | <input type="checkbox"/> Pacemaker               | <input type="checkbox"/> Pericarditis              |
| <input type="checkbox"/> Phlebitis                      | <input type="checkbox"/> Raynaud Disease              | <input type="checkbox"/> Rheumatic Heart Disease | <input type="checkbox"/> Valve Disorders           |
| <input type="checkbox"/> Varicose Veins                 |   |  |  |

## Emotion &amp; Memory

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Alzheimer Disease | <input type="checkbox"/> Anxiety Disorder       | <input type="checkbox"/> Mood Disorder | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Stress            | <input type="checkbox"/> Substance Use Disorder |  |  |

## Endocrine

- |  |                                   |  |   |
|--|-----------------------------------|--|---|
| <input type="checkbox"/> Acute Pancreatitis            | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hyperthyroidism | <input type="checkbox"/> Hypothyroidism |
| <input type="checkbox"/> Pituitary and Growth Disorder |                                   |  |   |

## Gastrointestinal

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Celiac Disease       | <input type="checkbox"/> Constipation       | <input type="checkbox"/> Crohn's Disease          | <input type="checkbox"/> Diarrhea            |
| <input type="checkbox"/> Digestive Conditions | <input type="checkbox"/> Diverticulitis     | <input type="checkbox"/> Eating Disorder          | <input type="checkbox"/> Esophageal Disorder |
| <input type="checkbox"/> Fecal Impaction      | <input type="checkbox"/> Intestinal Polyps  | <input type="checkbox"/> Irritable Bowel Syndrome | <input type="checkbox"/> Poor Appetite       |
| <input type="checkbox"/> Stomach Disorder     | <input type="checkbox"/> Uncerative Colitis |   |  |

## Hearing

- |  |                                       |                                       |  |
|--|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Conductive Hearing Loss | <input type="checkbox"/> Ear Problems | <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Meniere Disease |
| <input type="checkbox"/> Motion Sickness         | <input type="checkbox"/> Tinnitus     | <input type="checkbox"/> Vertigo      |  |

## Immune

- |   |                                      |                                 |   |
|---|--------------------------------------|---------------------------------|---|
| <input type="checkbox"/> Allergies                | <input type="checkbox"/> Anaphylaxis | <input type="checkbox"/> Cancer | <input type="checkbox"/> Hodgkin Lymphoma     |
| <input type="checkbox"/> Infectious Mononucleosis | <input type="checkbox"/> Leukemia    | <input type="checkbox"/> Lupus  | <input type="checkbox"/> Non-Hodgkin Lymphoma |
| <input type="checkbox"/> Rheumatoid Arthritis     |                                      |                                 |   |

## Kidney

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Bladder Disorder | <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> Congenital Kidney Disease | <input type="checkbox"/> Electrolyte Imbalance   |
| <input type="checkbox"/> Kidney Stones    | <input type="checkbox"/> Renal Cysts            | <input type="checkbox"/> Urinary Incontinence      | <input type="checkbox"/> Urinary Tract Infection |

**Musculoskeletal**

- Amyotrophic Lateral Sclerosis (ALS)
- Ankylosing Spondylitis
- Arthritis
- Artificial Joints / Special Equipment
- Bone Disease
- Compartment Syndrome
- Dislocation
- Fibromyalgia
- Fracture
- Gout
- Hereditary/Congenital Deformity
- Jaw Pain (TMJD)
- Joint Injury
- Muscular Dystrophy
- Myasthenia Gravis
- Osgood-Schlatter Disease
- Osteoarthritis
- Osteomalacia
- Osteoporosis
- Paget Disease
- Psoriatic Arthritis
- Scleroderma
- Scoliosis
- Sinus Problems
- Strain/Sprain

**Neurological**

- Brain Disorder
- Brain Injury
- Burning
- Cerebral Palsy
- Cerebral Vascular Accident (Stroke)
- Cerebral-vascular Accident
- Chronic Pain Disorder
- Dizziness
- Epilepsy
- Herniated Disc
- Huntington Disease
- Loss of Sensation
- Multiple Sclerosis
- Numbness
- Parkinsons
- Seizure Disorder
- Shingles
- Stabbing
- Stroke
- Tingling
- Transient Ischemic Attacks (TIA)
- Vertebral and Spinal Cord Injury

**Reproductive**

- Breast Disorder
- Ectopic Pregnancy
- Endometriosis
- Gynaecological Conditions
- Menopause
- Menstrual Cycle Disorder
- Ovarian Cysts/Tumors
- Pelvic Inflammatory Disease
- Pregnancy
- Premenstrual Syndrome
- Uterine Disorder

**Respiratory**

- Asthma
- Bronchitis
- Chronic Cough
- COPD
- Cystic Fibrosis
- Emphysema
- Infectious Respiratory Conditions
- Respiratory Conditions
- Respiratory Tract Infection
- Shortness of Breath

**Skin**

- Acne
- Allergic Dermatitis
- Athlete's Foot
- Athletes Foot
- Bruise Easily
- Chemical Burn
- Herpes
- Hypersensitive Reaction
- Hypersensitive Reactions
- Infectious Skin Conditions
- Melanoma
- Melanoma/Carcinoma
- Pigmentary Disorder
- Plantar's Wart
- Psoriasis
- Rash
- Rosacea
- Skin Conditions
- Skin Irritations
- UV Burn

**Miscellaneous**

- Insomnia
- Mental Illness
- Other Diagnosed Diseases
- Other Medical Conditions
- Surgical Pins or Wire
- Vision Loss
- Vision Problems

ADDITIONAL INFORMATION		
MEDICATIONS	INJURIES	SURGERIES
<b>SUBJECTIVE</b>		