Patient Case History

Brantley Chiropractic, P. C. 420 West Avenue North Augusta, SC 29841 (803) 202-0202 phone (803) 202-0201 fax

Have you ever been						
-	diagnosed v	vith <i>an</i> v medic	cal conditions? YES	OR NO If ves.	circle ALL that apply	
Alcoholism		Epileps			eoporosis	
Anemia		Hepati	•		emaker	
Asthma		Hernia			kinson's	
Autoimmune issues			ted disc		eumonia	
Bleeding disorder		High Blood Pressure			Polio	
Bronchitis		High cholesterol			Prostate problems	
Chemical Dependency		HIV/AIDS			Rheumatoid Arthritis	
Depression	7		disease	Stro		
Diabetes		Migraine headache			Thyroid problems	
Emphysema		_	le Sclerosis	•	Tumor/cyst	
Cancer (<i>list types/loc</i>	ations/date	`			-	
Other medical condit						
other medical condi-	ion (not nst	ed above,				
Are you <i>currently</i> tal	ing medicat	tions (<i>includin</i>	g vitamins and orgo	anics)? YES or NO	If <i>yes</i> , please list:	
1	-	= '	-	=		
2	dosage	x per day	5	dosage	x per day	
2	dosage	v ner dav		dosage	x per day	
Have you had surger	y? YES or No	O If <i>yes,</i> pleas	se list type(s) and da	ate(s)		
Any accidents/injurion	y? YES or No es? YES or N s (medicatio	O If yes, pleas	se list type(s) and dasse list, include dates	ate(s) s (MVA, broken b r NO If yes, ple		
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Intake