Sadon Chiropractic & Rehabilitation Center, PC
186 County Road 520, Suite 1
Morganville, NJ 07751

Patient Medical History

Patient Name: _____ Date of Birth: _____

List your current medications, vitamins and supplements:

Are you allergic to any drugs? YES or NO

If yes, please list those drugs:

_____
_____
_____

Past Medical History (Circle all that apply)

High Blood Pressure	Heart attack or heart disease	Congestive heart failure	Diabetes	Kidney Disease
Multiple Sclerosis	Seizures	Scoliosis	Lyme Disease	Asthma
Emphysema	Depression	Gastric Reflux	Shingles	Gout
Liver Disease	Hepatitis	Bleeding Disorder	Cancer	Osteoarthritis
Vascular Disease	Enlarged Prostate	Thyroid Disease	Rheumatoid Arthritis	COPD

Please list any other medical conditions you have that were not mentioned above:

_____

Family History (Circle all that apply)

Cancer	Rheumatoid Arthritis	Heart attack or heart disease	Diabetes
Scoliosis	Seizures	Asthma	Lung Disease
Bleeding Disorder	High Blood Pressure	Hepatitis	Kidney Disease

Please list any medical conditions that a member of your family has/had that was not mentioned above:

_____

Past Surgical History (Circle all that apply)

Surgery	**Date**	**Surgery**	**Date**
Cervical Spine (Neck)		Hand (Left/Right/Both)	
Thoracic Spine (Mid back)		Foot (Left/Right/Both)	
Lumbar Spine (Low back)		Joint Replacement	
Shoulder (Right/ Left/ Both)		Cesarean Section	
Knee (Right/Left/Both)		Hernia Repair	
Hip (Right/Left/Both)		Pacemaker/Defibrillator	

Please list any other surgeries that you have had that were not mentioned above:

_____