Grayhawk Family Chiropractic
7900 E Thompson Peak Pkwy --- #105
Scottsdale, AZ 85255
p 480.247.9063
f 481.247.9974
grayhawkchiro.medicfusion.com

Patient: ______________________________

Health History Form

Prescription Medications

Prescription medications taken on a regular or ongoing basis:

Medication: ________________ Dosage: ________ Frequency: per ☐ Day ☐ Week ☐ Month ☐ Other
(please describe): ____________________________

Medication: ________________ Dosage: ________ Frequency: per ☐ Day ☐ Week ☐ Month ☐ Other
(please describe): ____________________________

Medication: ________________ Dosage: ________ Frequency: per ☐ Day ☐ Week ☐ Month ☐ Other
(please describe): ____________________________

Medication: ________________ Dosage: ________ Frequency: per ☐ Day ☐ Week ☐ Month ☐ Other
(please describe): ____________________________

Medication: ________________ Dosage: ________ Frequency: per ☐ Day ☐ Week ☐ Month ☐ Other
(please describe): ____________________________

Medication: ________________ Dosage: ________ Frequency: per ☐ Day ☐ Week ☐ Month ☐ Other
(please describe): ____________________________

Medication: ________________ Dosage: ________ Frequency: per ☐ Day ☐ Week ☐ Month ☐ Other
(please describe): ____________________________

Medication: ________________ Dosage: ________ Frequency: per ☐ Day ☐ Week ☐ Month ☐ Other
(please describe): ____________________________

Medication: ________________ Dosage: ________ Frequency: per ☐ Day ☐ Week ☐ Month ☐ Other
(please describe): ____________________________

Medication: ________________ Dosage: ________ Frequency: per ☐ Day ☐ Week ☐ Month ☐ Other
(please describe): ____________________________

Medication: ________________ Dosage: ________ Frequency: per ☐ Day ☐ Week ☐ Month ☐ Other
(please describe): ____________________________

Medication: ________________ Dosage: ________ Frequency: per ☐ Day ☐ Week ☐ Month ☐ Other
(please describe): ____________________________

www.medicfusion.com

eForms courtesy of Medicfusion. Available on the web 24/7.
The Medicfusion logo and all related indicia are trademarks of,
and ©2009 by Medigeek, llc. | All rights reserved.

Grayhawk Family Chiropractic
7900 E Thompson Peak Pkwy --- #105
Scottsdale, AZ 85255
p 480.247.9063
f 481.247.9974
grayhawkchiro.medicfusion.com

Over-The-Counter Medications

Over-the-counter medications taken on a regular or ongoing basis:

Medication: ____________ Dosage: ________ Frequency: per ☐ Day ☐ Week ☐ Month ☐ Other
(please describe): ____________________

Medication: ____________ Dosage: ________ Frequency: per ☐ Day ☐ Week ☐ Month ☐ Other
(please describe): ____________________

Medication: ____________ Dosage: ________ Frequency: per ☐ Day ☐ Week ☐ Month ☐ Other
(please describe): ____________________

Medication: ____________ Dosage: ________ Frequency: per ☐ Day ☐ Week ☐ Month ☐ Other
(please describe): ____________________

Medication: ____________ Dosage: ________ Frequency: per ☐ Day ☐ Week ☐ Month ☐ Other
(please describe): ____________________

Medication: ____________ Dosage: ________ Frequency: per ☐ Day ☐ Week ☐ Month ☐ Other
(please describe): ____________________

Medication: ____________ Dosage: ________ Frequency: per ☐ Day ☐ Week ☐ Month ☐ Other
(please describe): ____________________

Medication: ____________ Dosage: ________ Frequency: per ☐ Day ☐ Week ☐ Month ☐ Other
(please describe): ____________________

Medication: ____________ Dosage: ________ Frequency: per ☐ Day ☐ Week ☐ Month ☐ Other
(please describe): ____________________

Medication: ____________ Dosage: ________ Frequency: per ☐ Day ☐ Week ☐ Month ☐ Other
(please describe): ____________________

Medication: ____________ Dosage: ________ Frequency: per ☐ Day ☐ Week ☐ Month ☐ Other
(please describe): ____________________

Medication: ____________ Dosage: ________ Frequency: per ☐ Day ☐ Week ☐ Month ☐ Other
(please describe): ____________________

www.medicfusion.com

eForms courtesy of Medicfusion. Available on the web 24/7.
The Medicfusion logo and all related indicia are trademarks of,
and ©2009 by Medigeek, llc. | All rights reserved.

Grayhawk Family Chiropractic
7900 E Thompson Peak Pkwy --- #105
Scottsdale, AZ 85255
p 480.247.9063
f 481.247.9974
grayhawkchiro.medicfusion.com

Vitamins, Minerals, Herbs, or Dietary Supplements

Vitamins, minerals, herbs, or dietary supplements taken on a regular or ongoing basis:

Supplement: ____________ Dosage: ________ Frequency: per ☐ Day ☐ Week ☐ Month ☐ Other
(please describe): ____________

Supplement: ____________ Dosage: ________ Frequency: per ☐ Day ☐ Week ☐ Month ☐ Other
(please describe): ____________

Supplement: ____________ Dosage: ________ Frequency: per ☐ Day ☐ Week ☐ Month ☐ Other
(please describe): ____________

Supplement: ____________ Dosage: ________ Frequency: per ☐ Day ☐ Week ☐ Month ☐ Other
(please describe): ____________

Supplement: ____________ Dosage: ________ Frequency: per ☐ Day ☐ Week ☐ Month ☐ Other
(please describe): ____________

Supplement: ____________ Dosage: ________ Frequency: per ☐ Day ☐ Week ☐ Month ☐ Other
(please describe): ____________

Supplement: ____________ Dosage: ________ Frequency: per ☐ Day ☐ Week ☐ Month ☐ Other
(please describe): ____________

Supplement: ____________ Dosage: ________ Frequency: per ☐ Day ☐ Week ☐ Month ☐ Other
(please describe): ____________

Supplement: ____________ Dosage: ________ Frequency: per ☐ Day ☐ Week ☐ Month ☐ Other
(please describe): ____________

Supplement: ____________ Dosage: ________ Frequency: per ☐ Day ☐ Week ☐ Month ☐ Other
(please describe): ____________

Supplement: ____________ Dosage: ________ Frequency: per ☐ Day ☐ Week ☐ Month ☐ Other
(please describe): ____________

Supplement: ____________ Dosage: ________ Frequency: per ☐ Day ☐ Week ☐ Month ☐ Other
(please describe): ____________

www.medicfusion.com

eForms courtesy of Medicfusion. Available on the web 24/7.
The Medicfusion logo and all related indicia are trademarks of,
and ©2009 by Medigeek, llc. | All rights reserved.

Grayhawk Family Chiropractic
7900 E Thompson Peak Pkwy --- #105
Scottsdale, AZ 85255
p 480.247.9063
f 481.247.9974
grayhawkchiro.medicfusion.com

Diet and Exercise

Check if you have ever smoked cigars or cigarettes. ☐ Yes

Check if you still smoke. ☐ Yes

How much do you smoke? ☐ Less than one pack per week ☐ 1-2 packs per week

☐ 1 pack every two days ☐ 1 pack per day ☐ More than one pack per day

Check if you drink alcoholic beverages. ☐ Yes

How many alcoholic beverages do you consume per week? _________

Check if a physician has ever diagnosed you as an alcoholic. ☐ Yes

Check if a physician has ever diagnosed you with any liver-related problems. ☐ Yes

Check if you exercise regularly. ☐ Yes

How many days do you exercise each week? _________

www.medicfusion.com

eForms courtesy of Medicfusion. Available on the web 24/7.
The Medicfusion logo and all related indicia are trademarks of,
and ©2009 by Medigeek, llc. | All rights reserved.

Grayhawk Family Chiropractic
7900 E Thompson Peak Pkwy --- #105
Scottsdale, AZ 85255
p 480.247.9063
f 481.247.9974
grayhawkchiro.medicfusion.com

Allergies

Check if a physician has ever diagnosed you with any allergies. ☐ Yes

Do you have Airborne allergies? ☐ Yes

☐ Animal	☐ Molds/Fungus	☐ Pollens	☐ Other ____________
☐ Cat Hair	☐ Cockroach	☐ Dog Hair	☐ Feather Mix
	☐ Guinea Pig Hair	☐ Dust Mites	☐ Other ____________

Do you have Chemical allergies? ☐ Yes

☐ Acetone	☐ Acetylcholine	☐ Auto Exhaust	☐ Benzyl Alcohol	☐ Chlorine
☐ Citric Acid	☐ Cologne (all)	☐ Diesel Exhaust	☐ Dopamine	☐ Estradiol
☐ Ethanol	☐ Fluorine	☐ Formaldehyde	☐ Latex	☐ Melatonin
☐ Newspaper Print	☐ Norepinephrine	☐ Progesterone	☐ Propylene	☐ Serotonin
☐ Silicone Implant	☐ Sponge Rubber	☐ Toluene	☐ Trichloroethylene	☐ Wood Pulp
		☐ Xylene	☐ Other ____________	

Do you have Drug allergies? ☐ Yes

☐ Anticonvulsants	☐ Codeine	☐ Insulin Preparations	☐ Iodine	☐ Morphine
☐ Novocain	☐ Penicillin	☐ Sulfa	☐ Other ____________	

Do you have Food allergies? ☐ Yes

☐ Artificial Colorings	☐ Artificial Flavorings	☐ Beef	☐ Coffee/Tea	☐ Dairy
☐ Eggs	☐ Fish/Shellfish	☐ Fruits	☐ Lamb	☐ Nuts
☐ Pork	☐ Poultry	☐ Vegetables	☐ Other ____________	

www.medicfusion.com

eForms courtesy of Medicfusion. Available on the web 24/7.
The Medicfusion logo and all related indicia are trademarks of,
and ©2009 by Medigeek, llc. | All rights reserved.

Grayhawk Family Chiropractic
7900 E Thompson Peak Pkwy --- #105
Scottsdale, AZ 85255
p 480.247.9063
f 481.247.9974
grayhawkchiro.medicfusion.com

Surgical History

Check if you have any implants, screws, plates or other foreign objects in your body. ☐ Yes

☐ Bullet Wound(s) ☐ Infusion Catheter ☐ Ear Implant ☐ Pacemakers ☐ Eye Implant

☐ Brain Plate(s) ☐ Heart Valve(s) ☐ Shrapnel ☐ Other ____________

Musculoskeletal Surgeries (Check if you have had any of the following surgeries)

☐ Ankle	Year(s) of surgery:	____________	☐ Head	Year(s) of surgery:	____________
☐ Back	Year(s) of surgery:	____________	☐ Hip	Year(s) of surgery:	____________
☐ Cosmetic or Augmentation	Year(s) of surgery:	____________	☐ Knee	Year(s) of surgery:	____________
☐ Elbow	Year(s) of surgery:	____________	☐ Neck	Year(s) of surgery:	____________
☐ Foot	Year(s) of surgery:	____________	☐ Shoulder	Year(s) of surgery:	____________
☐ Hand	Year(s) of surgery:	____________	☐ Wrist	Year(s) of surgery:	____________
☐ Other	Please describe:	____________		Year(s) of surgery:	____________

Organ System Surgeries (Check if you have had any of the following surgeries)

☐ Brain	Year(s) of surgery:	____________	☐ Intestine, large	Year(s) of surgery:	____________
☐ Colon	Year(s) of surgery:	____________	☐ Liver	Year(s) of surgery:	____________
☐ Esophagus	Year(s) of surgery:	____________	☐ Lung	Year(s) of surgery:	____________
☐ Eye	Year(s) of surgery:	____________	☐ Mastectomy	Year(s) of surgery:	____________
☐ Heart	Year(s) of surgery:	____________	☐ Reproductive Organs	Year(s) of surgery:	____________
☐ Kidney	Year(s) of surgery:	____________	☐ Skin	Year(s) of surgery:	____________
☐ Intestine, small	Year(s) of surgery:	____________	☐ Throat	Year(s) of surgery:	____________
☐ Other	Please describe:	____________		Year(s) of surgery:	____________
☐ Transplant	Please describe:	____________		Year(s) of surgery:	____________

www.medicfusion.com
eForms courtesy of Medicfusion. Available on the web 24/7.
The Medicfusion logo and all related indicia are trademarks of,
and ©2009 by Medigeek, llc. | All rights reserved.

Grayhawk Family Chiropractic
7900 E Thompson Peak Pkwy --- #105
Scottsdale, AZ 85255
p 480.247.9063
f 481.247.9974
grayhawkchiro.medicfusion.com

Your Cancer History

Check if a physician has ever diagnosed you with cancer. ☐ Yes

Check all that apply

- ☐ Bladder
- ☐ Brain
- ☐ Breast
- ☐ Cervical
- ☐ Colon or Rectal
- ☐ Endometrial
- ☐ Eye
- ☐ Kidney (renal cell)
- ☐ Leukemia
- ☐ Other ____________
- ☐ Lung
- ☐ Non-Hodgkin's Lymphoma
- ☐ Ovarian
- ☐ Pancreatic
- ☐ Prostate
- ☐ Skin
  - ☐ Basal Cell Carcinoma
  - ☐ Squamous Cell Carcinoma
  - ☐ Melanoma
- ☐ Stomach
- ☐ Thyroid
- ☐ Uterine

www.medicfusion.com
eForms courtesy of Medicfusion. Available on the web 24/7.
The Medicfusion logo and all related indicia are trademarks of,
and ©2009 by Medigeek, llc. | All rights reserved.

Grayhawk Family Chiropractic
7900 E Thompson Peak Pkwy --- #105
Scottsdale, AZ 85255
p 480.247.9063
f 481.247.9974
grayhawkchiro.medicfusion.com

Family Cancer History

Check if a physician has ever diagnosed your family with cancer. ☐ Yes

Check all that apply and the family member(s) who had this condition:

- ☐ *Bladder (M, F, S, MG, PG)*
- ☐ *Brain (M, F, S, MG, PG)*
- ☐ *Breast (M, F, S, MG, PG)*
- ☐ *Cervical (M, F, S, MG, PG)*
- ☐ *Colon or Rectal (M, F, S, MG, PG)*
- ☐ *Endometrial (M, F, S, MG, PG)*
- ☐ *Eye (M, F, S, MG, PG)*
- ☐ *Kidney (renal cell) (M, F, S, MG, PG)*
- ☐ *Leukemia (M, F, S, MG, PG)*
- ☐ Other ____________________ *(M, F, S, MG, PG)*
- ☐ *Lung (M, F, S, MG, PG)*
- ☐ *Non-Hodgkin's Lymphoma (M, F, S, MG, PG)*
- ☐ *Ovarian (M, F, S, MG, PG)*
- ☐ *Pancreatic (M, F, S, MG, PG)*
- ☐ *Prostate (M, F, S, MG, PG)*
- ☐ *Skin (M, F, S, MG, PG)*
  - ☐ *Basal Cell Carcinoma (M, F, S, MG, PG)*
  - ☐ *Squamous Cell Carcinoma (M, F, S, MG, PG)*
  - ☐ *Melanoma (M, F, S, MG, PG)*
- ☐ Stomach *(M, F, S, MG, PG)*
- ☐ Thyroid *(M, F, S, MG, PG)*
- ☐ Uterine *(M, F, S, MG, PG)*

Family Members	
(M)	Mother
(F)	Father
(S)	Sibling
(MG)	Maternal Grandparent
(PG)	Paternal Grandparent

www.medicfusion.com

eForms courtesy of Medicfusion. Available on the web 24/7.
The Medicfusion logo and all related indicia are trademarks of,
and ©2009 by Medigeek, llc. | All rights reserved.

Grayhawk Family Chiropractic
7900 E Thompson Peak Pkwy --- #105
Scottsdale, AZ 85255
p 480.247.9063
f 481.247.9974
grayhawkchiro.medicfusion.com

Your Cardio-pulmonary / Circulatory Health

Check if a physician has ever diagnosed you with any of the following:

- ☐ Anemia
- ☐ HIV/AIDS
- ☐ Hemophilia
- ☐ Hepatitis
- ☐ Hypertension (high blood pressure)
- ☐ Hypotension (low blood pressure)
- ☐ Hemorrhoids
- ☐ Lung Disorders
  - ☐ Acute Respiratory Distress Syndrome
  - ☐ Alpha-1 Antitrypsin Deficiency
  - ☐ Asbestos/Dust Disease
  - ☐ Asthma
  - ☐ Bronchiectasis
  - ☐ Bronchitis (chronic)
  - ☐ Bronchopulmonary Dysplasia (BPD)
  - ☐ Chronic Obstructive Pulmonary Disease
  - ☐ Cystic Fibrosis
  - ☐ Emphysema
  - ☐ Farmer's Lung
  - ☐ Hantavirus
  - ☐ Histoplasmosis
  - ☐ Legionellosis
  - ☐ Lymphangioleiomyomatosis
  - ☐ Pleurisy
  - ☐ Pneumonia
  - ☐ Pneumothorax
  - ☐ Primary Alveolar Hypoventilation Syndrome
  - ☐ Pulmonary Alveolar Proteinosis
  - ☐ Pulmonary Embolus
  - ☐ Pulmonary Fibrosis
  - ☐ Respiratory Distress Syndrome
  - ☐ Respiratory Syncytial Virus
  - ☐ Sarcoidosis
  - ☐ Severe Acute Respiratory Syndrome
  - ☐ Spontaneous Pneumothorax
  - ☐ Tuberculosis
- ☐ Raynaud's Phenomenon
- ☐ Sickle Cell Anemia
- ☐ Sinus Infections (chronic)
- ☐ Stroke
- ☐ Wegener's Granulomatosis
- ☐ Other ______________________

www.medicfusion.com

eForms courtesy of Medicfusion. Available on the web 24/7.
The Medicfusion logo and all related indicia are trademarks of,
and ©2009 by Medigeek, llc. | All rights reserved.

Grayhawk Family Chiropractic
7900 E Thompson Peak Pkwy --- #105
Scottsdale, AZ 85255
p 480.247.9063
f 481.247.9974
grayhawkchiro.medicfusion.com

Family Cardio-pulmonary / Circulatory Health

Check if a physician has ever diagnosed your family with any of the following:

- ☐ Anemia *(M, F, S, MG, PG)*
- ☐ HIV/AIDS *(M, F, S, MG, PG)*
- ☐ Hemophilia *(M, F, S, MG, PG)*
- ☐ Hepatitis *(M, F, S, MG, PG)*
- ☐ Hypertension (high blood pressure) *(M, F, S, MG, PG)*
- ☐ Hypotension (low blood pressure) *(M, F, S, MG, PG)*
- ☐ Hemorrhoids *(M, F, S, MG, PG)*
- ☐ Lung Disorders *(M, F, S, MG, PG)*
  - ☐ Acute Respiratory Distress Syndrome *(M, F, S, MG, PG)*
  - ☐ Alpha-1 Antitrypsin Deficiency *(M, F, S, MG, PG)*
  - ☐ Asbestos/Dust Disease *(M, F, S, MG, PG)*
  - ☐ Asthma *(M, F, S, MG, PG)*
  - ☐ Bronchiectasis *(M, F, S, MG, PG)*
  - ☐ Bronchitis (chronic) *(M, F, S, MG, PG)*
  - ☐ Bronchopulmonary Dysplasia(BPD) *(M, F, S, MG, PG)*
  - ☐ Chronic Obstructive Pulmonary Disease *(M, F, S, MG, PG)*
  - ☐ Cystic Fibrosis *(M, F, S, MG, PG)*
  - ☐ Emphysema *(M, F, S, MG, PG)*
  - ☐ Farmer's Lung *(M, F, S, MG, PG)*
  - ☐ Hantavirus *(M, F, S, MG, PG)*
  - ☐ Histoplasmosis *(M, F, S, MG, PG)*
  - ☐ Legionellosis *(M, F, S, MG, PG)*
  - ☐ Lymphangioleiomyomatosis *(M, F, S, MG, PG)*
  - ☐ Pleurisy *(M, F, S, MG, PG)*
  - ☐ Pneumonia *(M, F, S, MG, PG)*
  - ☐ Pneumothorax *(M, F, S, MG, PG)*
  - ☐ Primary Alveolar Hypoventilation Syndrome *(M, F, S, MG, PG)*
  - ☐ Pulmonary Alveolar Proteinosis *(M, F, S, MG, PG)*
  - ☐ Pulmonary Embolus *(M, F, S, MG, PG)*
  - ☐ Pulmonary Fibrosis *(M, F, S, MG, PG)*
  - ☐ Respiratory Distress Syndrome *(M, F, S, MG, PG)*
  - ☐ Respiratory Syncytial Virus *(M, F, S, MG, PG)*
  - ☐ Sarcoidosis *(M, F, S, MG, PG)*
  - ☐ Severe Acute Respiratory Syndrome *(M, F, S, MG, PG)* *(M, F, S, MG, PG)*
  - ☐ Spontaneous Pneumothorax *(M, F, S, MG, PG)*
  - ☐ Tuberculosis *(M, F, S, MG, PG)*
- ☐ Raynaud's Phenomenon *(M, F, S, MG, PG)*
- ☐ Sickle Cell Anemia *(M, F, S, MG, PG)*
- ☐ Sinus Infections (chronic) *(M, F, S, MG, PG)*
- ☐ Stroke *(M, F, S, MG, PG)*
- ☐ Wegener's Granulomatosis *(M, F, S, MG, PG)*
- ☐ Other ____________________ *(M, F, S, MG, PG)*

Family Members	
(M)	Mother
(F)	Father
(S)	Sibling
(MG)	Maternal Grandparent
(PG)	Paternal Grandparent

www.medicfusion.com

eForms courtesy of Medicfusion. Available on the web 24/7.
The Medicfusion logo and all related indicia are trademarks of,
and ©2009 by Medigeek, llc. | All rights reserved.

Grayhawk Family Chiropractic
7900 E Thompson Peak Pkwy --- #105
Scottsdale, AZ 85255
p 480.247.9063
f 481.247.9974
grayhawkchiro.medicfusion.com

Endocrine, Gastrointestinal and Neurologic Health

Check if a physician has ever diagnosed you with any of the following:

- ☐ Autoimmune Disorder
  - ☐ Dermatitis
  - ☐ Churg-Strauss (Allergic Granulomatosis)
  - ☐ Eosinophilic Fasciitis
  - ☐ Dermatomyositis/Polymyositis
  - ☐ Goodpasture's Syndrome
  - ☐ Interstitial Granulomatous Dermatitis with Arthritis
  - ☐ Lupus
    - ☐ Lupus SLE
    - ☐ Lupus DLE
    - ☐ Lupus SCLE
    - ☐ Anti-Phospholipid Antibody Syndrome (Lupus Anticoagulant)
  - ☐ Mixed Connective Tissue Disease
  - ☐ Relapsing Polychondritis
  - ☐ Rheumatoid Arthritis
  - ☐ Sarcoidosis
  - ☐ Scleroderma
  - ☐ Sjogren's Syndrome
  - ☐ Skin Immunofluorescence
  - ☐ Vasculitis
- ☐ Bladder Disease
- ☐ Candida
- ☐ Chicken Pox
- ☐ Chronic Fatigue Syndrome
- ☐ Crohn's Disease
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Fibromyalgia
- ☐ Gall Bladder Problems
- ☐ Headaches
  - ☐ Cluster Headaches
  - ☐ Migraine Headaches
  - ☐ Sinus Headaches
  - ☐ Stress-induced Headaches
  - ☐ Tension Headaches
- ☐ Incontinence
- ☐ Irritable Bowel Syndrome (IBS)
- ☐ Kidney Disease
- ☐ Liver Disease
- ☐ Liver Problems
- ☐ Measles
- ☐ Mumps
- ☐ Seizures
- ☐ Shingles
- ☐ Stomach Ulcers
- ☐ Thyroid Dysfunction
- ☐ Urinary Tract Infection
- ☐ Other ______________________

www.medicfusion.com

eForms courtesy of Medicfusion. Available on the web 24/7.
The Medicfusion logo and all related indicia are trademarks of,
and ©2009 by Medigeek, llc. | All rights reserved.

Grayhawk Family Chiropractic
7900 E Thompson Peak Pkwy --- #105
Scottsdale, AZ 85255
p 480.247.9063
f 481.247.9974
grayhawkchiro.medicfusion.com

Emotional and Mental Health

Check if a physician has ever diagnosed you with an emotional or mental condition. ☐ Yes

☐ Anger Disorders
☐ Anxiety Disorders
☐ Asperger Syndrome
☐ Attention Deficit Disorder with Hyperactivity (ADHD)
☐ Autistic Disorder
☐ Avoidant Personality Disorder (AvPD)
☐ Bipolar Disorder
☐ Borderline Personality Disorder
☐ Capgras Syndrome
☐ Child Behavior Disorders
☐ Combat Disorders
☐ Cyclothymic Disorder
☐ Dependent Personality Disorder (DPD)
☐ Depressive Disorders (depression)
☐ Dissociative Disorders
☐ Dysthymic Disorders (mood disorder)
☐ Eating Disorders
☐ Firesetting Behavior
☐ Hypochondriasis (Somatoform Disorder)
☐ Impulse Control Disorders
☐ Kleine-Levin Syndrome
☐ Kleptomania
☐ Multiple Personality Disorder
☐ Munchhausen Syndrome
☐ Narcissistic Personality Disorder
☐ Narcolepsy
☐ Obsessive Compulsive Disorder (OCD)
☐ Phobic Disorders (Phobias)
☐ Psychotic Disorders
☐ Restless Legs Syndrome
☐ Schizophrenia
☐ Seasonal Affective Disorder
☐ Sexual or Gender Disorders
☐ Sexual Dysfunctions (psychological, not physical)
☐ Sleep Disorders
☐ Post-traumatic Stress Syndrome
☐ Substance Abuse
☐ Suicidal Tendencies
☐ Other ____________________________

www.medicfusion.com
eForms courtesy of Medicfusion. Available on the web 24/7.
The Medicfusion logo and all related indicia are trademarks of,
and ©2009 by Medigeek, llc. | All rights reserved.

Grayhawk Family Chiropractic
7900 E Thompson Peak Pkwy --- #105
Scottsdale, AZ 85255
p 480.247.9063
f 481.247.9974
grayhawkchiro.medicfusion.com

Sensory Health

Check if a physician has ever diagnosed you with any of the following:

☐ Blindness	☐ Cataract
☐ Cholesteatoma	☐ Deafness or Hearing Loss
☐ Ear ringing	☐ Eczema
☐ Glaucoma	☐ Laryngitis (chronic)
☐ Macular Degeneration	☐ Mumps
☐ Meniere's Disease	☐ Nasal Polyps
☐ Perforated Eardrum	☐ Psoriasis
☐ Rhinitis	☐ Sinusitis
☐ Tinnitus	☐ Unusual Vision Impairment
☐ Vertigo	☐ Other ____________________

www.medicfusion.com

eForms courtesy of Medicfusion. Available on the web 24/7.
The Medicfusion logo and all related indicia are trademarks of,
and ©2009 by Medigeek, llc. | All rights reserved.

Grayhawk Family Chiropractic
7900 E Thompson Peak Pkwy --- #105
Scottsdale, AZ 85255
p 480.247.9063
f 481.247.9974
grayhawkchiro.medicfusion.com

Musculoskeletal Health

Check if a physician has ever diagnosed you with any of the following:

- ☐ Arthritis
  - ☐ Ankylosing Spondylitis
  - ☐ Behets Disease
  - ☐ Carpal Tunnel Syndrome
  - ☐ Diffuse Idiopathic Skeletal Hyperostosis (DISH)
  - ☐ Ehlers-Danlos Syndrome (EDS)
  - ☐ Felty's Syndrome
  - ☐ Fibromyalgia
  - ☐ Infectious Arthritis
  - ☐ Mixed Connective Tissue Disease (MCTD)
  - ☐ Osteoarthritis
  - ☐ Osteoporosis
  - ☐ Paget's Disease
  - ☐ Polymyalgia Rheumatica
  - ☐ Polymyositis and Dermatomyositis
  - ☐ Pseudogout
  - ☐ Psoriatic Arthritis
  - ☐ Reactive Arthritis
  - ☐ Repetitive Stress Injury
  - ☐ Rheumatoid Arthritis
  - ☐ Scleroderma
  - ☐ Sjogren's Syndrome
  - ☐ Stills Disease
- ☐ Gout
- ☐ Herniated Disk
- ☐ Lyme Disease
- ☐ Multiple Sclerosis
- ☐ Muscular Dystrophy
- ☐ Numbness or Tingling in feet
- ☐ Numbness or Tingling in hands
- ☐ Osteoporosis
- ☐ Parkinson's Disease
- ☐ Pinched Nerve
- ☐ Polio
- ☐ Rheumatism
- ☐ Sciatica
- ☐ Temporomandibular Joint Syndrome (TMJ)
- ☐ Other ____________________

www.medicfusion.com

eForms courtesy of Medicfusion. Available on the web 24/7.
The Medicfusion logo and all related indicia are trademarks of,
and ©2009 by Medigeek, llc. | All rights reserved.

Grayhawk Family Chiropractic
7900 E Thompson Peak Pkwy --- #105
Scottsdale, AZ 85255
p 480.247.9063
f 481.247.9974
grayhawkchiro.medicfusion.com

Reproductive Health

Check if you have ever given birth. ☐ Yes

How many births vaginally? ___________

How many births by C-section? ___________

Check if a physician has ever diagnosed you with any of the following:

☐ Chlamydia ☐ Dysplasia ☐ Erectile Dysfunction ☐ Genital Herpes

☐ Gonorrhea ☐ Human Papillomavirus (HPV) ☐ Impotency ☐ Syphilis

☐ Infertility ☐ Cystitis ☐ Menopause ☐ Prostate Enlargement

☐ Testicular Dysfunction ☐ Uterine Fibroid ☐ Vaginal Yeast Infections (chronic) ☐ Other ________________________

www.medicfusion.com

eForms courtesy of Medicfusion. Available on the web 24/7.
The Medicfusion logo and all related indicia are trademarks of,
and ©2009 by Medigeek, llc. | All rights reserved.

Grayhawk Family Chiropractic
7900 E Thompson Peak Pkwy --- #105
Scottsdale, AZ 85255
p 480.247.9063
f 481.247.9974
grayhawkchiro.medicfusion.com

Patient: ______________________________

Chief Complaint Form

Chief Complaint

Case Title: ______________________________

Describe the reason for your visit: ______________________________

When did your symptoms begin? (select one)

☐ Today ☐ This week ☐ Within last 3 months
☐ 3 months to 6 months ☐ 6 months to one year ☐ More than one year

For Women Only: Most recent menstrual cycle: ____/____/____

Are you pregnant? ☐ Yes ☐ No

Which word describes the frequency of your discomfort? (select one)

☐ Constant ☐ Intermittent ☐ Occasional ☐ Rare

Which phrases best describe *changes* in your discomfort during the day? (select one or more)

☐ It is worse in the morning ☐ It is worse in the afternoon ☐ It is worse at night
☐ It changes with the weather ☐ It does not change

What helps *relieve* your discomfort? (select one or more)

☐ Ice ☐ Heat ☐ Medication ☐ Other (please describe) ______________

What activities are limited by your discomfort? (select one or more)

☐ Bending ☐ Bowel Movements ☐ Coughing ☐ Daily Routine
☐ Driving ☐ Getting Up ☐ Lifting ☐ Lying Down
☐ Pulling ☐ Pushing ☐ Reading ☐ Sitting
☐ Sleeping ☐ Sneezing ☐ Standing ☐ Turning my head
☐ Urination ☐ Walking ☐ Working ☐ Other (please describe) ______________

Where applicable, specify the approximate date of your most recent: (month / year)

Physical Exam: ____/____ Dental X-rays: ____/____
Spinal X-ray: ____/____ CT Scan: ____/____
MRI: ____/____ Other Scans or X-rays: ____/____

www.medicfusion.com

eForms courtesy of Medicfusion. Available on the web 24/7.
The Medicfusion logo and all related indicia are trademarks of,
and ©2009 by Medigeek, llc. | All rights reserved.

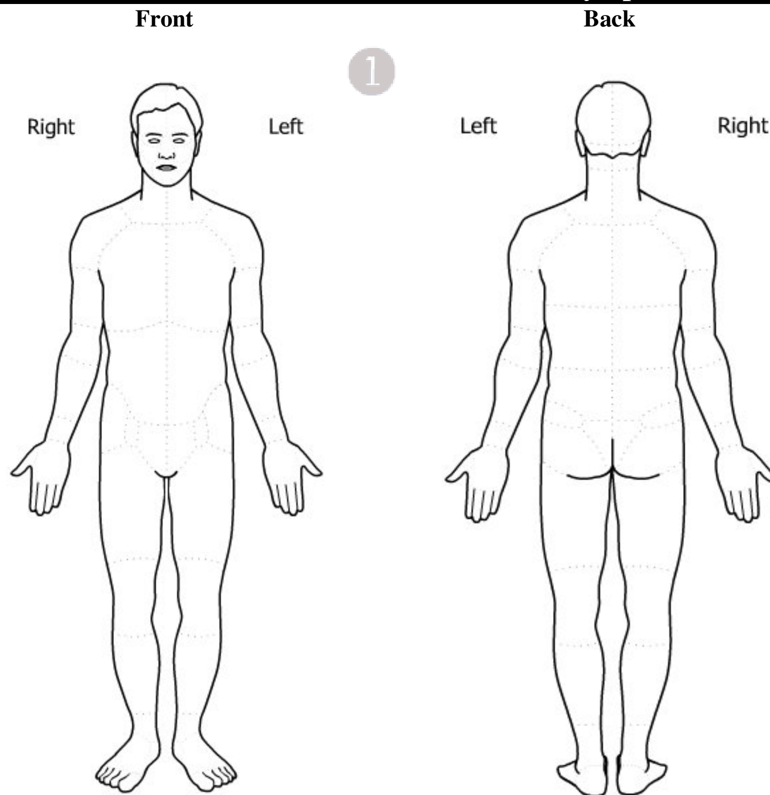
GRAYHAWK FAMILY CHIROPRACTIC, LLC

Grayhawk Family Chiropractic
7900 E Thompson Peak Pkwy --- #105
Scottsdale, AZ 85255
p 480.247.9063
f 481.247.9974
grayhawkchiro.medicfusion.com

Patient: ______________________________

Patient Symptom Illustrator

Patient Symptom Illustrator



Instructions:

1 Identify your areas of discomfort by marking the affected body parts in the illustration.

2 Indicate the area name along with your specific symptoms associated with each selected area.

3 Rate your discomfort associated with each selected area.

2 | 3

0 = No Discomfort 10 = Severe Discomfort

	Area	Burning	Dull Ache	Sharp Stabbing	Throbbing	Numbness	Pins and Needles	Spasm	Swelling	Stiffness	Rating
Ex.	L (R) Lower Back			X			X			X	0 1 2 3 4 5 6 X 8 9 10
1.	L R										0 1 2 3 4 5 6 7 8 9 10
2.	L R										0 1 2 3 4 5 6 7 8 9 10
3.	L R										0 1 2 3 4 5 6 7 8 9 10
4.	L R										0 1 2 3 4 5 6 7 8 9 10

www.medicfusion.com

eForms courtesy of Medicfusion. Available on the web 24/7.
The Medicfusion logo and all related indicia are trademarks of,
and ©2009 by Medigeek, llc. | All rights reserved.