

Female Client Health Profile

Today's Date (m/d/y): _____

Your Birthday (m/d/y): _____

Breast Health

I have had breast cancer yes no Do you do a monthly breast self exam? yes no

Do you have any of these concerns with regards to your breasts? Is there a history of breast cancer in your family? yes no

Tenderness Monthly Swelling Change in shape Infection or discharge

Have you ever had a professional exam that included a mammogram or breast thermography? yes no

Who evaluated you? _____ What were the results of the study? _____

Reproductive Health

Does anyone in your immediate family have a history of: Cervical Uterine Ovarian Urinary Bladder cancer?

Have you ever been diagnosed with endometriosis? yes no Do you have recurrent kidney infections? yes no

Do you have history of pelvic inflammatory disease? yes no Do you have recurrent bladder infections? yes no

Contraception

Not relevant I am currently taking the birth control pill. For How long? _____

I currently smoke, or have smoked while on birth control. I have taken the birth control pill before. For How long? _____

I know my blood pressure and have it monitored. My last blood pressure reading was _____

I have had these side effects with the pill: Headaches Water retention (puffiness) Ringing in ears (tinnitus) Break through bleeding Other _____

Pregnancy

Not relevant Date of my last menstrual period (m/d/y): _____

Are you pregnant? yes no maybe My due date is (m/d/y): _____

I have had a miscarriage yes no How many? _____ I have had a pregnancy that I did not allow to go to full term.

I have had difficulty getting pregnant while trying to conceive. **Please note that both chiropractic spinal correction and acupuncture can increase your fertility. Caution is recommended if you are avoiding pregnancy.**

Have you had any of these complications with your pregnancies?

Diabetes Kidney Infection Toxemia Hand & wrist pain

Epidural at delivery Ectopic pregnancy C-section Low back pain

Menstruation

Not relevant At what age did you have your first menstrual period? _____

My periods are regular irregular I experience discomfort with menses that is: mild moderate severe

My menstruation interferes with my life, it keeps me from work school socializing family time other _____

I take medication for menstrual pain Has menstruation ever ceased for longer than six months for no apparent reason? yes

Menopause

not relevant At what age did your menopausal symptoms first begin? _____

My menopause is Naturally occurring The result of pathology Due to surgery I am taking hormone replacement therapy or supplements.

I am experiencing the following:

Hot flashes Headaches Depression Excess bleeding/clotting

Cold sweats Fatigue Osteoporosis Insomnia

I CERTIFY THAT THE FEMALE CLIENT HEALTH HISTORY IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signature: _____ Date (m/d/y): _____