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Rigby Chiropractic Inc  
**MICAH L. RIGBY, DC**

25 North 570 East  
Tremonton, Ut 84337



**Patient Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**Height** \_\_\_\_\_ **Weight** \_\_\_\_\_

**Medications you are currently taking**

- |    |    |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

**Surgeries (put the approximate year performed in parenthesis)**

- |    |    |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

**Circle each condition you currently have or have had in the past**

|          |                |                        |
|----------|----------------|------------------------|
| Cancer   | Heart disease  | Stroke                 |
| Diabetes | Kidney disease | Arthritis (type) _____ |

**If any family members have or have had the following conditions, please specify**

Condition \_\_\_\_\_ Circle All That Apply \_\_\_\_\_

|                |                           |        |        |         |        |
|----------------|---------------------------|--------|--------|---------|--------|
| Cancer         | Grandparent (PF-PM-MF-MM) | Father | Mother | Brother | Sister |
| Diabetes       | Grandparent (PF-PM-MF-MM) | Father | Mother | Brother | Sister |
| Stroke         | Grandparent (PF-PM-MF-MM) | Father | Mother | Brother | Sister |
| Kidney Disease | Grandparent (PF-PM-MF-MM) | Father | Mother | Brother | Sister |

**Do You:** \_\_\_\_\_ **Please circle the option the most closely applies**

|               |       |                     |                         |               |
|---------------|-------|---------------------|-------------------------|---------------|
| Smoke         | Never | Heavy/ Daily Smoker | Light/Occasional Smoker |               |
| Drink Alcohol | Never | Casual Drinker      | Moderate Drinker        | Heavy Drinker |
| Use Drugs     | None  | Recreational User   | Addict                  |               |
| Exercise      | Never | Daily               | Weekly                  |               |