

Chiropractic Health Questionnaire

Welcome to our office! Please answer the following questions:

Name	Home Phone
Address	
City, State, Zip	
Birth Date Age	Cellular Service Provider
Occupation	Employer
Martial Status: M W Sep. D Sin. Spouse Na	me No. of Children
E-mail Address	
 Spinal problems can cause a variety of health problems experience on a periodic basis: 	s. Please check the health complaint(s) you are currently experiencing or
O Low Back Pain O Arm or Hand I	Pain Carpal Tunnel Syndrome Indigestion
○ Upper/Mid back Pain ○ Leg or Foot Page 1	ain O Ear Infections O Chronic Fatigue
○ Neck Pain ○ Asthma	○ Frequent Colds ○ Arthritis
○ Shoulder Pain ○ Allergies/Sinu	
What is your primary health complaint?	
3. Auto and work injuries can cause serious spinal probler	ns. Is this visit related to an auto or work injury? O YES ONO
4. Have you had previous chiropractic care? ○ YES ○	NO
Chiropractor's name/ Location	Date of last adjustment
5. Have you ever been told that you have a spinal curvatu	re, spinal arthritis, or inherited spinal problem?
O YES ONO If yes, please circle which one	
6. Long term spinal misalignments can cause decay and a	arthritis in the spine which may result in grinding or popping noises. Do you ever
hear grinding or popping noises when you move your h	ead or neck? O YES O NO
7. Spinal misalignments can make you feel like you need	to twist or stretch your neck or back. Do you ever feel the need to twist or stretch
your neck, mid, or lower spine?	ES ONO
8. Poor posture can lead to poor health and usually indica	tes a spinal problem. How would you rate your posture?
Poor – 1 2 3	4 5 6 7 8 9 10 - Excellent
9. Stress can cause or aggravate spinal problems. Rate ye	our stress level over the last 90 days.
Low - 1 2 3	3 4 5 6 7 8 9 10 – High
10. Are you currently taking prescription medication? ○ YE	ES O NO Please list
11. Spinal health is especially important during pregnancy.	If female, is there any chance that you are pregnant?
○ YES ○ NO ○ MAYBE Date of last cy	cle If yes, when is your due date?
12. Have you ever been diagnosed with cancer? O YES	O NO If yes, what kind? Year diagnosed
13. Have you ever had spinal surgery? ○ YES ○ NO If	yes, on what area of your spine?
14. How did you hear about us? O PATIENT	OTHER
	y knowledge. Copies of any x-rays and reports will be released upon written
request; however, original x-rays remain the property of the	CIINIC.
Signature	Date