



Chiropractic Health Questionnaire

Name _____ Date _____

Address _____ City _____

State _____ Zip _____ E-Mail _____

Cell Phone _____ Work Phone _____ Employer _____

Birth Date _____ Age _____ Occupation _____

Insurance Company _____ Policy # _____

Medical Doctor _____

Marital Status M W D S Spouse Name _____ Number of Children _____

Emergency Contact _____

1. Most patients are referred to our office by a caring family member or friend. Whom may we thank for referring you?

 Telephone Call Sign Google Website Presentation
Postural Screening Newspaper Other _____

2. Research shows that your spine should be checked regularly.

How many times have you visited a chiropractor in your lifetime? _____ Never

3. When was your last complete set of spinal X-rays? _____ Never

4. Poor posture leads to poor health and often indicates a spinal problem.

How would you rate your posture? Poor 1 2 3 4 5 6 7 8 9 10 Excellent

5. Stress can cause or accelerate spinal damage.

Rate your stress level over the last 90 days. Low 1 2 3 4 5 6 7 8 9 10 High

6. Please list any health symptoms or health complaints you are experiencing.

a. _____ b. _____ c. _____

7. Spinal problems [Subluxation] can exist for years without detection, with the pain coming later.

When did your body signal appear? _____

8. What makes the pain feel worse? _____

Better _____

9. Favorite hobbies or interests _____

10. Prescription medications and surgeries may cause various side effects, hide the severity of health problems and hinder the body's ability to heal.

Please list current medications _____

Please list surgeries _____

Please list hospitalizations _____

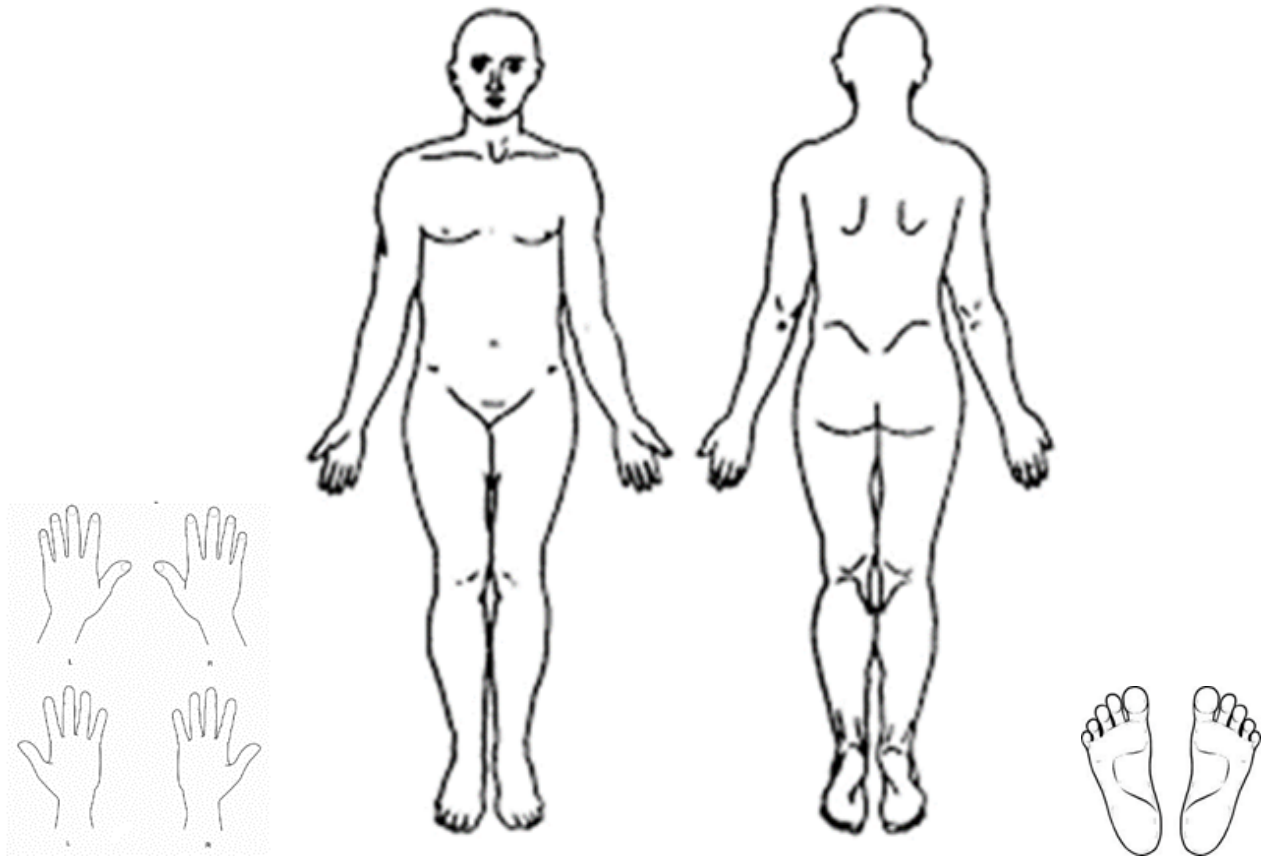
11. Height _____ Weight _____

12. Auto and work-related injuries can cause serious spinal problems. Is this visit related to an accident or injury?

YES NO Date of Incident _____

13. Spinal health is especially important during pregnancy. Is there any chance that you are pregnant? YES NO

Subluxation can put pressure on nerves and spinal cord. Mark the areas on your body where you feel your pain. Use appropriate symbols listed below. Ache >>> Numbness === Stabbing Pain //// Burning Sensation xxx Pins/Needles 000



Please place a slash through the line that will correspond to your immediate pain.

NO PAIN |-----| WORST PAIN POSSIBLE

The above information is true and accurate to the best of my knowledge.

Patient Signature _____ Date _____