



Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please check the appropriate box(es) for any of the following symptoms of ill health which you may now have or have had previously. In order to provide necessary chiropractic care we need to know all the facts related to your health. This is a Confidential Health Report.

Have you ever?

Yes No

- Been Knocked Unconscious?
- Used Crutches or other Support?
- Been Treated for Spine Problems?
- Been Treated for any Nerve Disorder?
- Had a Fractured/Broken Bone?
- Had Surgery?
- Been Hospitalized for Other than Surgery?

Date of Last: (approximate)

- \_\_\_\_\_ Physical Examination
- \_\_\_\_\_ Blood Test
- \_\_\_\_\_ Urine Test
- \_\_\_\_\_ Chest X-ray
- \_\_\_\_\_ Spine X-ray
- \_\_\_\_\_ Dental X-ray
- \_\_\_\_\_ Other

Habits:

Have you in the past or do you currently use:

- Alcohol: If yes how often? \_\_\_\_\_
- Coffee: How many cups per day? \_\_\_\_\_
- Tobacco: how many packs per day? \_\_\_\_\_

Is there a Family History of?

- Heart Disease  Arthritis
- Cancer  Diabetes
- Stroke  \_\_\_\_\_

**Your Current Problem**

What are you current symptoms? 1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

What level of intensity would you rate your pain? (10=severe) 1 2 3 4 5 6 7 8 9 10

What is the frequency of your symptoms? **Occasional / Episodic / Intermittent / Frequent / Constant**

Do your symptoms affect your personal life? (Hobbies, sports, etc) \_\_\_\_\_

Do your symptoms affect your job / occupation?(missed days, inability to stand, sit, lift, drive) \_\_\_\_\_

How long have you suffered from these symptoms? \_\_\_\_\_

Have you suffered from these symptoms before?  Yes  No

What makes your symptoms worse? \_\_\_\_\_

What makes your symptoms better? \_\_\_\_\_

What home remedies have you tried? \_\_\_\_\_

Have you been to any other type of doctor for this problem? \_\_\_\_\_

Have you been to a Chiropractor before?  Yes  No If Yes, Who? \_\_\_\_\_

**After completing this questionnaire your signature will verify that all information you have given is accurate to the best of your knowledge**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_