

Health Questionnaire

Name			Home Phone			
Address		Cell Phone				
City	State	_Zip code		Date of Birth/	/ Male/Female	
Age	SS#	En	nail			
Occupation	Marita	al Status: M W I	O S Spouse Nam	e		
No# of Children _		Name of Children_				
1. Many patients	are referred to our office b	y a family member or fr	iend. What or who m	nade you decide to visit our	office?	
How often do you	your spine like your teeth ou get adjusted by a chirop r last complete spinal exam al misalignments will cause	ractor? Frequently / on ination including x-rays	lly when you hurt / 1 :	□ Never	eard when you move your nec	
or back as well	as, loss of Nerve Health. 1	Oo you hear these sounds	s when you move your	head or neck?	No	
5. If your spine is	out of alignment for a long	g time it can make you fe	el like you need to tw	ist, stretch, or crack your n	eck or back.	
Do you often fee	l the need to crack or pop	your neck or lower back	? □ Yes □ No			
6. Poor posture le	ads to poor health and ear	ly death. How would yo	u rate your posture?		200 2 200 0	
1	Poor 1 2 3 4 5 6 7 8	9 10 Excellent			Salvan II	
7. Stress causes yo	our spine to misalign and a	ccelerates spinal damag	e. Rate your stress le	vel over the last 3 months.		
1	None 1 2 3 4 5 6 7	8 9 10 Intense			(Southern text)	
8. Please circle or	list any health symptoms	or health complaints you	are experiencing.		Cristman has stated in the cristman has been seen as the cristman	
Neck pain L/R	Arm L/R	Leg L/R	Constipation	Allergies	San Berra ha	
Mid-back pain	Pain/numb/tingle Hip pain L/R	Pain/numb/tingle Heart Disease	Menstrual	Diabetes I/II		
wiid-back pain	Trip pain L/K	Ticart Disease	Problems	Diaoctes 1/11	in process of	
Low-back pain	Headache/Migraine	Cancer	Thyroid	Asthma		
ability to heal. 10. Please list any s	surgeries you have had	currently taking? (use l	pack if necessary)			
11. Do You Smoke	- -					
				hance you are pregnant?		
-		*	_	and serious spinal problems		
					or fall?	
		-	inal damage. What s	leeping position do you slee	p in:	
	mach R Side L Side					
				Right Handed ☐ Left Han	ded	
18. Please list vitan	nins/supplements you take	<u> </u>				
19. If the doctor ide ☐ Yes ☐ No	entifies your spine to be m	isaligned, are you comm	itted to follow the rec	ommendations to correct yo	our problem completely?	
The above informat	tion is true and accurate to	the best of my knowled	ge.			
Patient Signature	(Parent/Guardian):			Date		