

Chiropractic Health Questionnaire

Name _____ Home Phone _____

Address _____ Apt # _____ Cell Phone _____

City _____ State _____ Zip _____ E-mail _____

Birth date _____ Age _____ SS# _____

Occupation _____ Employer _____

Marital Status: M W D S Spouse Name _____ No. of Children _____

1. Most patients are referred to our office by a caring family member or friend. What made you decide to visit our office? Friend/Family Member Name _____
 Telephone Call Yellow Pages Sign Website Presentation E-mail TV Newspaper
2. Primary Doctor _____ Primary Doctor Phone #: _____
3. Research shows that your spine should be checked regularly. How many times have you visited a chiropractor in your lifetime? _____ Never
4. When was your last complete spinal examination including x-rays? _____ Never
5. Have you ever been told that you have a spinal curvature, spinal arthritis, or inherited spinal problem?
 YES NO
6. Spinal misalignments cause decay and degeneration which results in grinding or cracking. Do you ever hear noises when you move your head or neck? YES NO
7. Spinal misalignments can make you feel like you need to twist, stretch or crack your neck or back. Do you ever feel the need to crack or pop your neck or lower spine? YES NO
8. 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
9. 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
10. Please list any health symptoms or health complaints you are experiencing.
a. _____ b. _____ c. _____ d. _____
11. Prescription medications may cause various side effects, hide the severity of health problems and hinder the body's ability to heal. What medications are you currently taking?

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
14. If the doctor feels that chiropractic will help you, are you willing to follow his/her recommendations? YES NO
15. Would you like to receive our monthly health and wellness newsletter via e-mail? YES NO

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

Patient Signature _____ Date _____