



# Adult Chiropractic Health Questionnaire

*"A Healthy Spine Means a Healthier You!"*

**Welcome to Our Office! Please answer the following questions:**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 E-mail Address \_\_\_\_\_ Would you like to receive our monthly e-Newsletter? **Y / N**  
 Birth date \_\_\_\_\_ Age \_\_\_\_\_ SS# \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 Marital Status: M W Sep. D Sin. Spouse's Name \_\_\_\_\_ No. of Children \_\_\_\_\_

1. Spinal problems can cause a variety of health problems. Please check the health complaint(s) you are currently experiencing or experience on a periodic basis:

- |   |  |  |                                       |
|---|--|--|---------------------------------------|
| <input type="radio"/> Low Back Pain       | <input type="radio"/> Arm or Hand Pain | <input type="radio"/> Carpal Tunnel Syndrome | <input type="radio"/> Indigestion     |
| <input type="radio"/> Upper/Mid Back Pain | <input type="radio"/> Leg or Foot Pain | <input type="radio"/> Ear Infections         | <input type="radio"/> Chronic Fatigue |
| <input type="radio"/> Neck Pain           | <input type="radio"/> Asthma           | <input type="radio"/> Frequent Colds         | <input type="radio"/> Arthritis       |
| <input type="radio"/> Shoulder Pain       | <input type="radio"/> Allergies/Sinus  | <input type="radio"/> Spinal Curvature       | <input type="radio"/> Fibromyalgia    |
| <input type="radio"/> Others _____        |  |  |                                       |

2. What is your primary health complaint? \_\_\_\_\_
3. Auto and work injuries can cause serious spinal problems. Is this visit related to an auto or work injury?  Yes  No
4. When was your last complete chiropractic examination including x-rays?  
 within the last year       1 – 5 years       5 years or longer       Never
5. Have you ever been told that you have a spinal curvature, spinal arthritis, or inherited spinal problem?  
 YES       NO      If yes, circle one
6. Long term spinal misalignments can cause decay and arthritis in the spine which may result in grinding or popping noises. Do you ever hear grinding or popping 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 twist, stretch or crack your neck, mid or lower spine?  YES  NO
8. Poor posture can lead to poor health and usually indicates a spinal problem. How would you rate your posture?  
 Poor – 1 2 3 4 5 6 7 8 9 10 – Very Good
9. Stress can cause or aggravate spinal problems. Please rate your stress levels over the last 90 days.  
 Low – 1 2 3 4 5 6 7 8 9 10 – High
10. Are you currently taking prescription medication?  YES  NO      If so, how many? \_\_\_\_\_
11. Spinal health is especially important during pregnancy. If female, is there any chance that you are pregnant?  
 YES      Due date \_\_\_\_\_       NO       MAYBE      Date of Last Cycle \_\_\_\_\_
12. Have you ever been diagnosed with cancer?  YES  NO      What kind? \_\_\_\_\_      Year diagnosed \_\_\_\_\_
13. Have you ever had spinal surgery?  YES  NO      If yes, where? \_\_\_\_\_
14. If the doctor feels that you will benefit from chiropractic care, are you willing to follow his/her recommendations?  
 YES  NO      If no, please explain: \_\_\_\_\_
15. How will you be paying for today's visit?  Credit/Debit Card       Cash       Check       Other \_\_\_\_\_

The above information is true and accurate to the best of my knowledge. Copies of any x-rays and reports will be released upon written request; however original x-rays remain the property of the clinic.

Signature \_\_\_\_\_ Date \_\_\_\_\_



**HEALTH HISTORY OF FAMILY MEMBERS**

Name \_\_\_\_\_

Date \_\_\_\_\_

The reason for this form is to assist the doctors by providing past/current health history information for their review.

Condition	Self	Father	Mother	Spouse	Brother(s)	Sister(s)	Child(ren)
Allergy/Sinus Trouble							
Arm/Hand/Shoulder Problems							
Arthritis							
Asthma/Emphysema/ Lung Function							
Back Pain							
Blood Pressure							
Cancer							
Cholesterol							
Constipation							
Diabetes							
Digestion (Acid Reflux, Ulcers, etc.)							
Disc Problems							
Fibromyalgia							
Headaches							
Heart Trouble							
Kidney Trouble							
Leg/Foot/Hip Problems							
Migraine							
Muscle Spasms							
Neck Pain							
Nervousness/Anxiety							
Osteoporosis							
Pinched Nerve							
Scoliosis (Curved Spine)							
OTHER (Please Indicate)							