

## ADULT CHIROPRACTIC HEALTH HISTORY QUESTIONNAIRE

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ SSN \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address \_\_\_\_\_

Marital Status: M W Sep. D Sin. Spouse Name \_\_\_\_\_ No. of Children \_\_\_\_\_

Have you ever seen a chiropractor? If so, how many times? \_\_\_\_\_ When? \_\_\_\_\_

Most patients are referred to our office by a family member or friend. How did you hear about our office?

Friend/Family Name \_\_\_\_\_  Website  Presentation  Email

2. When was your last complete examination including x-rays? \_\_\_\_\_  Never

3. Have you ever been told that you have a spinal curvature, spinal arthritis, or inherited spinal issues?

Yes \_\_\_\_\_  No

4. Structural issues can cause decay and degeneration which results in grinding or cracking. Do you ever hear noises when moving your head or neck?  Yes  No

5. Structural issues 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

6. Stress can cause or accelerate secondary conditions. Rate your stress level over the last 90 days.

Low – 1 2 3 4 5 6 7 8 9 10 – High

7. Are you currently taking any medications? \_\_\_\_\_

8. Auto or work related injuries can cause serious structural issues. Is this visit related to an accident or injury?

Yes  No Date of Injury \_\_\_\_\_ Type of Injury \_\_\_\_\_

9. Structural issues can be especially important during pregnancy. Is there any chance that you are pregnant?

Yes  No Due date \_\_\_\_\_

10. Have you ever been diagnosed with any major illness (i.e. cancer, diabetes, heart disease, etc.)?  Yes  No

If yes, please describe type of illness and date you were diagnosed \_\_\_\_\_

11. Do you have a family history of any major illness?  Yes  No If yes, please describe

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