

Welcome to County Chiropractic

Our mission is to educate and adjust as many families as possible towards optimal health through natural chiropractic care. Misalignments of the body and nervous system are called subluxations and prevent the body from having optimal health. Please fill out this questionnaire as carefully as you can so that we can begin to assess your current level of health.

PERSONAL DETAILS – Please print clearly

Date:

Forename (s): Surname: Date of Birth:

Full Address: Age:.....

.....Post code.....

Telephone Numbers Home: Work:

(Including STD code) Mobile: E-Mail.....

Please tick if you would like to receive e-learning emails Monthly Newsletter by email

Marital Status: Height: Weight:.....

Number of children: Age of children:

Occupation: Number of years in current occupation:

Who referred or recommended you to us?

Next of kin?..... Relationship?.....contact no.....

GP's Name and Address:

.....

YOUR CURRENT HEALTH

Do you have health concerns or symptoms? Yes / No

If you do not have specific symptoms and have come for a chiropractic check up please turn over to the next page

Please circle your main complaint:

Back pain, headache, sports injury, breathing, digestive

Eyes / ears, postural change,

Other health problems:.....

.....

Do you have pain/discomfort that radiates to other areas?

Leg, arm, head, other:.....

.....

When did it first start?

Was it sudden or gradual onset?

How many episodes have you had?

Does the pain change with activity/movement or is it constant?

Was there an accident or cause of this condition?

Please explain:

.....

What makes your symptoms better?

What makes your symptoms worse?.....

When is it worse? Am, pm evening, night

Do your symptoms wake you from sleep Y / N

Have you seen another specialist for this condition?

Specialist.....

Treatment.....

Result.....

If you have pain, on a scale of 0-10 in which box would you put your pain?

X at best **O** at worst = If both the same

No	1	2	3	4	5	6	7	8	9	10	Maximum Pain
Pain											

Please draw on the bodies below where your symptoms Are and the type of sensation, using the indicated Shading

XXX = Burning

OOO = Tingling

//// = Aching

+++ = Stabbing

--- = Numbness



