Adult Patient Questionnaire

CONFIDENTIAL PATIENT INFORMATION

Title: First Name: Surname:

Date of Birth: Age: Number of Children:

Address: City:

Postcode: Email:

Telephone - Mobile: Other:

Occupation: Medical Centre/GP:

How did you hear about this clinic?

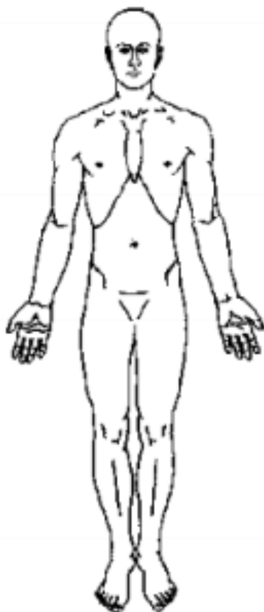
CURRENT CONDITIONS

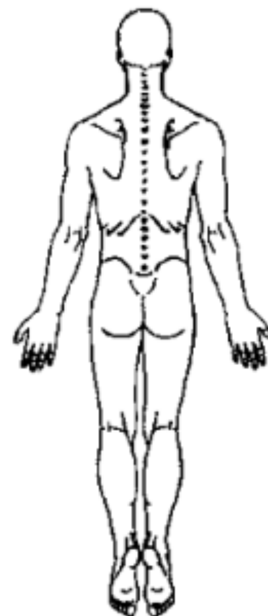
What can we help you with today?

How would you rate your symptom(s) (0 = no pain 10 = excruciating):

Please colour the following diagram as appropriate:

RED – Pain **GREEN** – Muscle spasm / tightness **BLUE** – Numbness / burning / pin'n'needles





Have you had this condition in the past? ☐ Yes ☐ No If yes, any previous investigations and/or treatment for this condition:

Other problems/areas I am concerned with:

Have you ever had chiropractic care before? ☐ Yes ☐ No

Connect Chiropractic

GENERAL MEDICAL HISTORY

Have you had any significant falls, car accidents or other injuries / traumas as an adult?

Any notable childhood injuries?

Any current Drugs/Medications/Supplements?

Have you had any surgery/operations:
(If yes, please specify)

Any major illnesses/diseases currently or in the past?

Exercise frequency: ☐ None ☐ 1-2x per week ☐ 3-5 x per week ☐ Daily
What type(s) of exercise:

Normal sleeping position: ☐ Back ☐ Side ☐ Front Number of pillows you use:

Do you generally wake up feeling: ☐ Refreshed & Ready ☐ Tired & Stiff ☐ Other

GENERAL SYMPTOMS / CONDITIONS

	Frequent/current	Past		F/C	Past		F/C	Past
Dizziness	☐	☐	Hay fever/Sinus issues	☐	☐	Sudden weight loss	☐	☐
Loss of Balance	☐	☐	Spinal Curvature	☐	☐	Excessive Fatigue	☐	☐
Headaches	☐	☐	Asthma	☐	☐	Depression	☐	☐
Migraines	☐	☐	Poor Posture	☐	☐	Anxiety	☐	☐
Heartburn	☐	☐	Poor Circulation	☐	☐	IBS	☐	☐
Tinnitus	☐	☐	Arthritis	☐	☐	Cancer	☐	☐

Females

Irregular Period ☐ ☐

Menopause ☐ ☐

Are you pregnant? Yes No

Period Pains? Mild Moderate Severe

Males

Prostate Troubles ☐ ☐

Do you currently smoke? Yes No

How much water do you drink per day?

On average, how would you rate your stress levels in the last 6 months? (0 = none 10 = extreme)

at Home: at Work:

I consent to examination by the chiropractor Signature:

Our record keeping complies with General Data Protection Regulations (2018)