

Adult Chiropractic Health Questionnaire

Name _____ Home Phone _____

Address _____ Work Phone _____

City, State, Zip _____ Cell Phone _____

Birth date _____ Age _____ Occupation _____

Employer _____ Email: _____

Marital Status: M W Sep. D Sin. 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 _____

Newspaper Yellow Pages Sign Website Presentation E-mail

2. Research shows that your spine should be checked regularly. How many times have you visited a chiropractor in your lifetime? _____ Never

3. When was your last complete spinal examination including x-rays? _____ Never

4. Have you ever been told that you have a spinal curvature, spinal arthritis, or inherited spinal problem? YES NO _____

5. 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

6. 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

7. 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

8. 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

9. Please list any health symptoms or health complaints you are experiencing.

1. _____ 2. _____ 3. _____

10. Please list any sports/activities that you participate in.

1. _____ 2. _____ 3. _____

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. Have you ever been diagnosed with cancer? YES NO
Type _____ Year _____

15. Would you like to receive our monthly health and wellness newsletter via e-mail?
 YES NO E-mail Address _____

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

Patient Signature _____ Date _____

Welcome to our office!
It is well known that families who maintain strong healthy, well-aligned spines have much improved health. People whose spines are not kept in proper alignment are much more likely to develop health disorders later in life such as arthritis, illness, pain, heart attacks, strokes, even cancer.

