



# Adult Chiropractic Health Questionnaire

**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.**

Name \_\_\_\_\_ *Circle the best number to reach you*

Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ SS# \_\_\_\_\_ E-mail Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Marital Status: M W Sep. D Sin.

Spouse Name \_\_\_\_\_ No. Of Children \_\_\_\_\_ Child's name(s) \_\_\_\_\_

Health Insurance Yes No If, yes please give your photo ID and Insurance Card to front desk.

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: \_\_\_\_\_ or  
 Telephone Call  Sign  web site  City Search  
 Presentation  E-mail  Other
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 back?  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 that 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. 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? \_\_\_\_\_  
\_\_\_\_\_
11. Auto and work-related injuries can cause serious spinal problems. Is this visit related to an accident or injury?  Yes  No
12. Spinal health is especially important during pregnancy. Is there any chance you are pregnant?  
 Yes  No Due Date \_\_\_\_\_
13. Have you ever been diagnosed with cancer? Yes No  
Type \_\_\_\_\_ Year \_\_\_\_\_
14. If the doctor feels that chiropractic will help you, are you willing to follow her recommendations?  
 Yes  No
15. If you are not here for Wellness Care what is your reason for visit or primary complaint?  
\_\_\_\_\_
16. When did your problem start? \_\_\_\_\_
17. Is the problem getting progressively worse?  
 Yes  No

**Please complete other side of this form.**