

# Adult Chiropractic Health Questionnaire

"A Healthy Spine Means a Healthier You!"  
Welcome to Our Office!

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Birth date \_\_\_\_\_ Age \_\_\_\_\_ SS# \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Status: ☐ Married ☐ Significant other ☐ Widowed ☐ Separated ☐ Divorced ☐ Single  
Spouse/Significant others Name \_\_\_\_\_ Do you have children? ☐ Yes ☐ No How many? \_\_\_\_\_

## Please answer the following questions:

1. Spinal problems can cause a variety of health problems. Please check the health complaint(s) you are currently experiencing or experience on a periodic basis:

- |   |  |  |                                       |
|---|--|--|---------------------------------------|
| <input type="radio"/> Low Back Pain       | <input type="radio"/> Arm or Hand Pain | <input type="radio"/> Carpal Tunnel Syndrome | <input type="radio"/> Indigestion     |
| <input type="radio"/> Upper/Mid Back Pain | <input type="radio"/> Leg or Foot Pain | <input type="radio"/> Ear Infections         | <input type="radio"/> Chronic Fatigue |
| <input type="radio"/> Neck Pain           | <input type="radio"/> Asthma           | <input type="radio"/> Frequent Colds         | <input type="radio"/> Arthritis       |
| <input type="radio"/> Shoulder Pain       | <input type="radio"/> Allergies/sinus  | <input type="radio"/> Spinal Curvature       | <input type="radio"/> Fibromyalgia    |
| <input type="radio"/> Other _____         |  |  |                                       |

2. What is your primary health complaint? \_\_\_\_\_
3. Auto and work injuries can cause serious spinal problems. Is this visit related to an auto or work injury? ☐ Yes ☐ No
4. When was your last complete chiropractic examination? Was there x-rays taken? ☐ Yes ☐ No  
☐ within the last year ☐ 1-5 years ☐ 5 years or longer ☐ Never
5. Have you ever been told that you have a spinal curvature, spinal arthritis or inherited spinal problem? ☐ Yes ☐ No
6. Long term spinal misalignments can cause decay and arthritis in the spine which may result in grinding or popping noises. Do you ever hear grinding or popping noises when you move your head or neck? ☐ Yes ☐ No
7. 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 twist, stretch or crack your neck, mid or lower spine? ☐ Yes ☐ No
8. Poor posture can lead to poor health and usually indicates a spinal problem. How would you rate your posture?  
Poor — 1 2 3 4 5 6 7 8 9 10 — Very Good
9. Stress can cause or aggravate spinal problems. Please rate your stress levels over the last 90 days.  
Low — 1 2 3 4 5 6 7 8 9 10 — High
10. Are you currently taking prescription medication? ☐ Yes ☐ No If so, how many? \_\_\_\_\_
11. Spinal health is especially important during pregnancy. If female, is there any chance you are pregnant?  
☐ Yes ☐ No ☐ Maybe If yes, when is your due date? \_\_\_\_\_ Or Date of Last Cycle? \_\_\_\_\_
12. Have you ever been diagnosed with cancer? ☐ Yes ☐ No If so, what kind? \_\_\_\_\_ Year diagnosed \_\_\_\_\_
13. Have you ever had spinal surgery? ☐ Yes ☐ No If yes, where? \_\_\_\_\_
14. If the doctor feels that you will benefit from chiropractic care, are you willing to follow his/her recommendations?  
☐ Yes ☐ No \_\_\_\_\_
15. How will you be paying for today's visit? ☐ Credit/Debit Card ☐ Cash ☐ Check ☐ Other \_\_\_\_\_

The above information is true and accurate to the best of my knowledge. Copies of any x-rays and reports will be released upon written request, however original x-rays remain the property of the clinic.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_