Confidential Health History Questionnaire

Name: ____ D.O.B. ____/ ____/______

Gender: M F Marital Status: M S D W Ages of children: ____________________

Home Address: ____

City: ________________________ ST: _____ Zip: ________ E-mail: __________________

Home Phone:( ) __________ Work Phone:( ) __________ Cell Phone:( ) ___________

Occupation: _________________________ Employer: _____________________________________

Spouse's First Name: ______________ Occupation: ______________ Employer: _______________

How did you choose our office? ____

REASON FOR CONSULTING OUR OFFICE…

Please check one of the following:

___ **I have no specific problem.** I understand the role of chiropractic in my general health care.

___ **I am experiencing a symptom** of a potential underlying problem and I want to find out how chiropractic care will help my body to work better and have a greater potential to heal itself.

Please briefly describe the problem(s) you are experiencing:

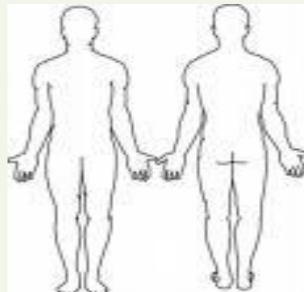
____

____

____

Is this problem a result of an injury? NO YES: (___auto ___ work ___ other)

Show us WHERE you feel it?
(please draw on the diagram)



Does it RADIATE/travel to another location?
No Yes (please draw on the diagram)

List all **medications** you are taking (including over the counter):

____

____

____

____

List any **surgeries**:

____

____

____

Approximate date of most recent **spine x-rays**: ____/ 20___ Other: (MRI / CT): ____/ 20___

Previous chiropractor's name: Dr.__________________________ Date of last visit: ___/ ___/______

Approximate length of care: _______________ Reason for discontinuing: ______________________

Previous traumas often contribute damage to the nervous system and can cause many health problems

As a child, did you ever…

___ fall down while running ___ hit your head ___ accident resulting in ER visit

___ sit for several hours at a time ___ crashed on a bike ___ read with neck flexed for more than 2 hours

___ gymnastics, dance, cheerleading ___ competitive/contact sports: ________________________________

Have you been in any motor vehicle accidents greater than 3 mph?

Date of most recent: ___/ ____ Approx. Speed: ____mph Injuries:____________________________________

Date of next recent: ___/ ____ Approx. Speed: ____mph Injuries:____________________________________

Date of next recent: ___/ ____ Approx. Speed: ____mph Injuries:____________________________________

Do/did you have stress or strain related to work? no yes ____

Date of most recent: ___/ ____

Do/did you suffer from emotional stress/trauma? no yes ____

Date of most recent: ___/ ____

Do/did you play adult sports? no yes ____

Date of most recent stress/strain: ___/ ____

Other traumas from childhood or elsewhere: ____

Do you have a pacemaker? No Yes

Do you sleep on your stomach? No Yes

Do you take blood thinners? No Yes

Do you smoke? No Yes: (how much per day? __________)

How would you rate your overall stress level? *(low)* **1 2 3 4 5 6 7 8 9 10** *(high)*

Females only:

I am extremely confident that I am **not pregnant** at the current time due to: abstinence, birth control medication, hysterectomy, menopause, spouse vasectomy, tubal ligation, or because I am in the first 14 days of my current menstrual cycle. I consent to use of x-ray if the doctor recommends such examination in my case.

Signature: ____ Date: ____/ ____/ 20____

Do you have health insurance? No Yes: (___BCBS ___Medicare ___Other)

PAYMENT ACKNOWLEDGEMENT

I understand that my health insurance policy is an arrangement between my insurance carrier and me. I also understand that this chiropractic office will furnish all documentation to assist me in making collection from my insurance company. Any and all fees will be discussed with me in advance. I understand that I am ultimately responsible for all charges from all services rendered to me.

I have completed this form with accurate information regarding my health. I also give my consent for this office to examine me and use x-ray if necessary.

Signature (parent/guardian required for minors): ____ Date: ____/ ____/ 20____