

Chiropractic Health Questionnaire

Welcome to our office! It is well known that families who maintain strong, healthy, well-aligned spines live a much healthier life. We educate our patients to lead healthier lifestyles and to further improve their quality of life and overall wellbeing.

Name _____ Preferred Name _____

Address _____

City, State, Zip _____

Email address (you will receive our monthly newsletter) _____

Home/Cell Phone _____ Work Phone _____

Birth Date ____/____/____ Age _____

Marital Status: Married / Widowed / Separated / Divorced / Single Number of Children: _____

Emergency Contact: _____ Number: _____ Relationship: _____

Social Security Number _____ - _____ - _____

Occupation _____ Employer _____

1. Most patients are referred to our office by a caring family member or friend. Who can we thank for referring you? _____
2. How many times have you visited a chiropractor in your lifetime? _____
3. If you have stopped chiropractic care, what was the reason? _____
4. If you have never seen a chiropractor, what is the reason why? _____
5. When was your last complete spinal examination, including x-rays? _____
6. 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
7. What medications are you currently taking? _____
8. Auto and work-related injuries can cause serious spinal problems. Is this visit related to an accident or injury? Yes No Date of injury _____
9. Spinal health is especially important during pregnancy. Is there a chance that you are pregnant? Yes No
10. Have you ever been diagnosed with cancer? Yes No
 - a. If yes, what type? _____ Year _____

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

Patient Signature _____ Date _____