

Chiropractic First Questionnaire

Name _____ Home Phone _____
 Address _____ Cell Phone _____
 City _____ State _____ Zip code _____ Date of Birth ____/____/____ Male/Female
 Age _____ SS# _____ Email _____
 Occupation _____ Marital Status: M W D S Spouse Name _____
 No# of Children _____ Name of Children _____ Insured's DOB _____

1. Many patients are referred to our office by a family member or friend. What or who made you decide to visit our office?

2. Science tells us your spine needs to be cared for regularly. How often do you get adjusted by a chiropractor? _____
3. When was your last complete spinal examination including x-rays? _____ Never
4. Do you know if you have a spinal curvature spinal arthritis or inherited spinal problem
5. Over time spinal misalignments will cause loss of nerve health as well as arthritis and degeneration resulting in grinding or cracking heard when you move your neck or back. Do you hear these sounds when you move your head or neck? Yes No
6. If your spine is out of alignment for a long time it can make you feel like you need to twist, stretch, or crack your neck or back. Do you often feel the need to crack or pop your neck or lower back? Yes No

7. Do You Smoke? Yes No
8. Poor posture leads to poor health and early death. How would you rate your posture?
Poor 1 2 3 4 5 6 7 8 9 10 Excellent
9. Stress causes your spine to misalign and accelerates spinal damage. Rate your stress level over the last 3 months.
None 1 2 3 4 5 6 7 8 9 10 Intense

10. Please circle or list any health symptoms or health complaints you are experiencing.
- | | | | |
|-----------------------------|---------------------------|----------------------|------------------|
| Neck pain L/R _____ | Leg pain L/R _____ | Heart Disease _____ | Thyroid _____ |
| Mid-back pain _____ | Asthma _____ | Cancer _____ | Allergies: _____ |
| Low-back pain _____ | Headaches/Migraines _____ | Constipation _____ | _____ |
| Arm pain/Numbness L/R _____ | Diabetes I/II _____ | Menstrual pain _____ | _____ |

11. Prescription medications cause various side effects, hide the severity of health problems, and hinder the body's ability to heal. What medications are you currently taking? (use back if necessary)
1. _____ 2. _____ 3. _____

12. Have you had any surgeries? Yes No If yes, please list: _____

13. Do you have a history of cancer? Yes No If yes, did you have radiation? Yes No

14. Spinal health is vitally important to ensure you and your baby are healthy. Is there a chance you are pregnant? Yes No

15. Daily trauma, auto accidents, and work injuries can cause misalignment of vertebrae and serious spinal problems. When was your most recent injury at home? _____ Car accident? _____ Slip or fall? _____

16. Improper sleeping positions can cause spinal misalignment and spinal damage. Which position do you sleep in:
 Back Stomach Right Side Left Side

17. Exercise level: Never 1 2 3 4 5 6 7 8 9 10 Often
18. Are you Right Handed Left Handed

19. Please list any vitamins or supplements you take: _____

21. If the doctor identifies your spine to be misaligned, are you committed to following the recommendations to correct your problem completely?
 Yes No

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

Patient Signature (Parent/Guardian): _____ Date: _____

