

## New Patient Chiropractic Health Questionnaire

### GENERAL INFORMATION

Name: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Male  Female Social Sec# \_\_\_\_\_ Employer: \_\_\_\_\_

Relationship status:  Married  Widowed  Divorced  Single  Other: \_\_\_\_\_

Spouse/partner name: \_\_\_\_\_ Number of children: \_\_\_\_\_

Name(s) of children: \_\_\_\_\_

### HEALTH INFORMATION

1. Many patients are referred to our office by family or friends. What or who made you decide to visit our office?  
\_\_\_\_\_
2. Your spine needs regular care. How often do you get adjusted by a chiropractor?  
 Frequently  When I hurt  Monthly  Never
3. When was your last complete spinal examination including X-rays? \_\_\_\_\_
4. Do you have a spinal curvature, spinal arthritis, or an inherited spinal problem?  
 Yes  No  Don't know
5. Over time, spinal misalignments cause arthritis and degeneration, which result in a grinding or cracking sound 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. Poor posture leads to poor health. How would you rate your posture? (1 = poor; 10 = excellent)  
1 2 3 4 5 6 7 8 9 10
8. Stress accelerates spinal damage. Rate your stress level over the last 3 months. (1 = calm/relaxed; 10 = tense)  
1 2 3 4 5 6 7 8 9 10

9. Please check any health symptoms or health complaints you are experiencing.

- Neck pain L / R                       Arm pain/Numbness L / R                       Asthma                       Thyroid
- Back pain L / R                       Leg pain L / R                       Cancer                       Constipation
- Mid back pain L / R                       Headaches/Migraines                       Menstrual pain                       Diabetes I/II
- Low back pain L / R                       Allergies (please list): \_\_\_\_\_

10. Prescription medications cause various side effects, hide the severity of health problems, and hinder the body's ability to heal naturally. What medications are you currently taking? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Please list any surgeries you have had. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. The birth process, learning to walk and accidents can cause spinal problems. When was your most recent:  
Injury at home? \_\_\_\_\_ Car accident? \_\_\_\_\_ Slip or fall? \_\_\_\_\_

13. Spinal health is vitally important to ensure a healthy pregnancy. Is there a chance you may be pregnant?  
 Yes     No     Don't know

14. Do you smoke?     Yes     No

15. Improper sleeping positions can aggravate spinal damage. What position do you sleep in?  
 Back     Stomach     Right side     Left side

16. How often do you exercise?     Never     1-2x/month     1-2x/week     3-4x/week     5+ x/week  
What type of exercise do you do? \_\_\_\_\_

17. You are:     Right handed     Left handed

18. Please list vitamins/supplements you are currently taking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. If the doctor identifies misalignments in your spine and is certain he can help you, are there any challenges that would prevent you from following his recommendations and getting the appropriate care to correct your problem?     No     Yes (please explain): \_\_\_\_\_

The information in this Health Questionnaire is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Patient Initials (or parent/guardian)

\_\_\_\_\_  
Date

\*Please e-mail your Health Questionnaire to [jcfchiro@outlook.com](mailto:jcfchiro@outlook.com) or print it and bring it with you to your first appointment.