



CONFIDENTIAL HEALTH QUESTIONNAIRE

NAME OF PATIENT: _____

What is your most important complaint (C.C.)? _____

When did this complaint (C.C.) first begin? _____

How did the C.C. begin:

- Gradually/slowly
 - occasionally present
 - constantly present
- Suddenly/quickly
 - occasionally present
 - constantly present

Pain level:

0 1 2 3 4 5 6 7 8 9 10

Gets worse with:

- Sitting
- Standing
- Walking
- Movement
- Bending
- Lifting
- Working
- Coughing/Sneezing
- Turning your head
- At night
- In the morning
- All the time, regardless of movement or not
- Other activities and/or movements:

Do you have any other health concerns?

Is there any radiation to:

- Arm: L/ R
- Leg: L/ R

Is the C.C. getting:

- Worse
- Better
- Staying the same

Gets better with:

- Sitting
- Standing
- Walking
- Movement
- Bending
- Lifting
- Working
- Lying down
- Heat
- Cold
- At night
- In the morning
- Other activities and/or movements:

Do you have any other comments?

Pain description:

- Achy
- Tingly
- Sharp
- Dull
- Numb
- Burning
- Other:

Specialties:

Have you, or are you being treated by any of the following specialties:

- Medical Doctor
- Orthopedist
- Pain Clinic
- Physiotherapist
- Neurologist
- Psychologist/Psychiatrist
- Massage Therapist
- Rheumatologist
- Acupuncturist
- Postural Therapist
- Surgeon
- Homeopathic Doctor
- Podiatrist
- Occupational Ther.
- Chiropractor
- Naturopathic Doctor
- Other:



Place a **P (past problem)** or a **C (current problem)** in the box(es) beside the following symptoms which you have either had in the past or currently have:

Muscles and joints

- Neck
- Between the shoulders
- Low back
- Tailbone
- Groin L/ R
- Hip L/ R
- Leg L/ R
- Knee L/ R
- Foot or heel L/ R
- Shoulder L/ R
- Arm L/ R
- Elbow L/ R
- Hand L/ R
- Wrist L/ R
- Fingers L/ R
- Rib(s) L/ R
- Joint infection
- Swollen joints
- Arthritis
- Gout

Heart and blood vessels

- Heart problems
- Stroke
- High blood pressure
- Low blood pressure
- Varicose veins L/ R
- Poor circulation
- Swollen ankles L/ R
- Anemia

General

- Headache
- Migraine
- Dizziness
- Fainting
- Ringing in ear(s) L/ R
- Sleeplessness
- Tiredness
- Nervousness
- Allergies
- Depression
- Facial pain L/ R
- Poor appetite
- Eye, ear, and/or nose problem
- Sinus infection
- Throat infection
- Ear infection L/ R
- Deafness L/ R

Breathing

- Breathing difficulties
- Asthma
- Bronchitis
- Pneumonia
- Emphysema
- Hay fever
- Chest pain
- Chronic cough
- Coughing up blood
- Coughing up phlegm

Stomach and intestines

- Stomach pain
- Stomach ulcer
- Stomach hernia
- Gall bladder problems
- Liver problems
- Constipation
- Diarrhea
- Vomiting
- Hemorrhoids
- Gaseousness
- Bladder, urinary problems
- Kidney infection
- Prostate problems
- Uncontrolled urine loss
- Appendicitis

Skin

- Itching
- Eczema
- Bruising
- Dry skin

Female

- Menopause problems
- Menstrual cramps
- Back pain during menstruation
- Irregular menstruation
- Excessive blood loss
- Have you had a miscarriage?
- Are you potentially pregnant?
- When did you last menstruate? _____



Conditions

- Angina pectoris
- Alcoholism
- Epilepsy
- Cancer
- Multiple Sclerosis
- Polio
- Meningitis
- Rheumatic Disorders
- Tuberculosis
- Diabetes
- Cytomegalovirus (Mono)
- Thyroid problems
- Contagious illness(es)
- Other: _____

Dental

- Do you grind your teeth or clench your jaw during the day or at night?
- Do you use dentures, partial or complete?
- Do you ever have a tired jaw in the morning?
- Do you have crowns?
- Do you have a bridge?
- Do you have a frame or a plate in your mouth?
- Have you ever worn, or do you currently wear braces?
- Does your jaw ever make a cracking or clicking noise?

Do you use the following:

- Orthotics
If yes, how old are they?

- Heel lift(s) L/ R
If yes, how old are they?

- Other _____

How do you sleep:

- Back
- Side L/ R
- Front/Stomach
- Varies

How old is your mattress:

Is your mattress comfortable:

- Yes
- No

Date of you last tests

Urine test:

- Less than 6 mo.
- Between 6-18 mo.
- More than 18 mo.
- Never

Results: _____

X-rays:

- Less than 6 mo.
- Between 6-18 mo.
- More than 18 mo.
- Never

Results: _____

Blood test:

- Less than 6 mo.
- Between 6-18 mo.
- More than 18 mo.
- Never

Results: _____

Heart exam:

- Less than 6 mo.
- Between 6-18 mo.
- More than 18 mo.
- Never

Results: _____

Chiropractic exam:

- Less than 6 mo.
- Between 6-18 mo.
- More than 18 mo.
- Never

Results: _____

Exam by another specialist (Namely):

- Less than 6 mo.
- Between 6-18 mo.
- More than 18 mo.
- Never

Results: _____



Habits

Appetite:

- Big
- Average
- Small
- None

Coffee:

- Lots
- Average
- Little
- None

Sugar:

- Lots
- Normal
- Little
- None

Alcohol:

- Lots
- Average
- Little
- None

Smoking:

- Lots
- Average
- Little
- None

Drugs:

- Lots
- Average
- Little
- None

Sleep:

- Lots
- Average
- Little
- None

Excercise:

- Lots
- Average
- Little
- None

- Accidents/injuries:
- Broken bones:
- Operations:
- Hospitalizations:
- Mental illness:
- Sickneses/conditions that are familial (in your family):
- Medicine you are taking, and what it is for:
- Vitamins/minerals:

Please mark off where the complaint (C.C.) is:

