LAWRENCE FAMILY CHIROPRACTIC

Adult Chiropractic Health Questionnaire

"A Healthy Spine Means a Healthier You!"

Welcome to Our Office! Please answer the following questions:

Name _____ Home Phone _____
Address _____ Work Phone _____
City, State, Zip _____ Cell Phone _____
E-mail Address _____ Would you like to receive our monthly e-Newsletter? **Y / N**
Birth date _____ Age _____ SS# _____
Occupation _____ Employer _____
Marital Status: M W Sep. D Sin. Spouse's Name _____ No. of Children _____

1. Spinal problems can cause a variety of health problems. Please check the health complaint(s) you are currently experiencing or experience on a periodic basis:

❍ Low Back Pain	❍ Arm or Hand Pain	❍ Carpal Tunnel Syndrome	❍ Indigestion
❍ Upper/Mid Back Pain	❍ Leg or Foot Pain	❍ Ear Infections	❍ Chronic Fatigue
❍ Neck Pain	❍ Asthma	❍ Frequent Colds	❍ Arthritis
❍ Shoulder Pain	❍ Allergies/Sinus	❍ Spinal Curvature	❍ Fibromyalgia

❍ Others _____

2. What is your primary health complaint?_____
3. Auto and work injuries can cause serious spinal problems. Is this visit related to an auto or work injury? ❍ Yes ❍ No
4. When was your last complete chiropractic examination including x-rays?
   ❍ within the last year ❍ 1 – 5 years ❍ 5 years or longer ❍ Never
5. Have you ever been told that you have a spinal curvature, spinal arthritis, or inherited spinal problem?
   ❍ YES ❍ NO If yes, circle one
6. Long term spinal misalignments can cause decay and arthritis in the spine which may result in grinding or popping noises. Do you ever hear grinding or popping noises when you move your head or neck? ❍ YES ❍ NO
7. Spinal misalignments can make you feel like you need to twist, stretch or crack your neck or back. Do you ever feel the need to twist, stretch or crack your neck, mid or lower spine? ❍ YES ❍ NO
8. Poor posture can lead to poor health and usually indicates a spinal problem. How would you rate your posture?
   Poor – 1 2 3 4 5 6 7 8 9 10 – Very Good
9. Stress can cause or aggravate spinal problems. Please rate your stress levels over the last 90 days.
   Low – 1 2 3 4 5 6 7 8 9 10 – High
10. Are you currently taking prescription medication? ❍ YES ❍ NO If so, how many? _____
11. Spinal health is especially important during pregnancy. If female, is there any chance that you are pregnant?
    ❍ YES Due date _____ ❍ NO ❍ MAYBE Date of Last Cycle_____
12. Have you ever been diagnosed with cancer? ❍ YES ❍ NO What kind? _____ Year diagnosed _____
13. Have you ever had spinal surgery? ❍ YES ❍ NO If yes, where?_____
14. If the doctor feels that you will benefit from chiropractic care, are you willing to follow his/her recommendations?
    ❍ YES ❍ NO If no, please explain:_____
15. How will you be paying for today's visit? ❍ Credit/Debit Card ❍ Cash ❍ Check ❍ Other_____

The above information is true and accurate to the best of my knowledge. Copies of any x-rays and reports will be released upon written request; however original x-rays remain the property of the clinic.

Signature_____ Date _____

HEALTH HISTORY OF FAMILY MEMBERS

Name_____ Date_____

The reason for this form is to assist the doctors by providing past/current health history information for their review.

Condition	Self	Father	Mother	Spouse	Brother(s)	Sister(s)	Child(ren)
Allergy/Sinus Trouble							
Arm/Hand/Shoulder Problems							
Arthritis							
Asthma/Emphysema/ Lung Function							
Back Pain							
Blood Pressure							
Cancer							
Cholesterol							
Constipation							
Diabetes							
Digestion (Acid Reflux, Ulcers, etc.)							
Disc Problems							
Fibromyalgia							
Headaches							
Heart Trouble							
Kidney Trouble							
Leg/Foot/Hip Problems							
Migraine							
Muscle Spasms							
Neck Pain							
Nervousness/Anxiety							
Osteoporosis							
Pinched Nerve							
Scoliosis (Curved Spine)							
OTHER (Please Indicate)							