

Adult Chiropractic Health Questionnaire

Welcome to our office! It is well known that families who maintain strong, healthy, well-aligned spines have greatly improved health. People whose spines are not healthy and kept in proper alignment are much more likely to develop serious health challenges later in life.



Name _____ Home Phone _____
 Address _____ Work Phone _____
 City, State, Zip _____ Cell Phone _____
 E-mail Address _____
 Birth date _____ Age _____ SS# _____
 Occupation _____ Employer _____
 Marital Status: M W Sep. D Sin. Spouse Name _____ No. of Children _____

MY PURPOSE FOR TODAY'S APPOINTMENT IS: (check all that apply to you)

- I'm here for an evaluation. I'm a healthy person and I'm interested in maximizing my health and preventing future problems.
- I'm here for an evaluation because I'm having health challenges and am looking for a natural health solution.
- I'm here for an evaluation. I am curious to know if my spine is healthy and to see if I have any problems that I don't know about.
- I am here for an evaluation because I'm curious to learn more about Chiropractic Care
- I am here for an evaluation only
- Other _____

IF THE DOCTOR FEELS THAT HE CAN HELP YOU: (Please check the one that best applies to you)

- I am willing to follow the doctor's recommendations because I strongly value my health.
- I am willing to receive care if payment plans are available.
- I am willing to receive care but only if my insurance pays for all of it.
- I am not interested in receiving any future care.



1. Most patients are referred to our office by a caring family member or friend. What made you decide to visit our office? Friend/Family Member Name _____

- Telephone Call Yellow Pages Sign Website Presentation E-mail
2. Research shows that your spine should be checked regularly. How many times have you visited a chiropractor in your lifetime? _____ Never
3. When was your last complete spinal examination including x-rays? _____ Never
4. Have you ever been told that you have a spinal curvature, spinal arthritis, or inherited spinal problem?
 YES NO _____
5. Spinal misalignments cause decay and degeneration which results in grinding or cracking. Do you ever hear noises when you move your head or neck? YES NO
6. 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 crack or pop your neck or lower spine? YES NO
7. 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
8. Stress can cause or accelerate spinal damage. Rate your stress level over the last 90 days.
Low - 1 2 3 4 5 6 7 8 9 10 - High
9. Please list any health symptoms or health complaints you are experiencing.
1. _____ 2. _____ 3. _____
10. Prescription medications may cause various side effects, hide the severity of health problems and hinder the body's ability to heal. What medications are you currently taking?

11. Auto and work-related injuries can cause serious spinal problems. Is this visit related to an accident or injury? YES NO Date of Incident _____
12. Spinal health is especially important during pregnancy. Is there any chance that you are pregnant? YES NO
13. Have you ever been diagnosed with cancer? Type _____ Year _____
14. If the doctor feels that chiropractic will help you, are you willing to follow his/her recommendations? YES NO
15. Would you like to receive our weekly health and wellness newsletter via e-mail?
 YES NO

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

Patient Signature _____ Date _____