

Amoskeag Chiropractic Health Questionnaire

Name _____ What name would you prefer to be called? _____
Address _____ Cell Phone/Pager _____
City, State, Zip _____ Home Phone _____
SS# _____ Email _____ Birthdate _____
Occupation _____ Employer _____ Employer's Phone# _____
Employer's Address _____
Marital Status: M W D S Spouse Name _____ No# of Children _____
Name of Children _____

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 should be cared for regularly. How often do you get adjusted by a chiropractor?
Frequently/only when you hurt/1 x monthly/never
 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? Yes No
 5. Over time spinal misalignments will cause arthritis and degeneration which results in grinding or cracking to be 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. 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
 8. Stress will cause you to accelerate spinal damage. Rate your stress level over the last 3 months.
Calm/Relaxed 1 2 3 4 5 6 7 8 9 10 Very tense/Tight
 9. Please circle or list 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 Allergies: _____
Mid-back pain L/R Headaches/Migraines Constipation _____
Lower-back pain L/R Diabetes I/II Menstrual pain _____
 10. 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. _____
 11. Please list any surgeries you have had. _____
 12. Daily trauma, auto accident(s), and work injuries can cause serious 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 are pregnant? Yes No
 14. Do you smoke? Yes No
 15. Improper sleeping positions can cause spinal damage, what sleeping position do you sleep in: Back Stomach R Side L Side
 16. Exercise level: Never 1 2 3 4 5 6 7 8 9 10 6x @wk 17. Are you? Right Handed Left Handed
 18. Please list vitamins/supplements you take: _____
 19. If the doctor identifies your spine to be misaligned, are you committed to follow the recommendations to correct your problem completely?
 Yes No
 20. Do you have insurance Y or N Primary Person Name: _____ D.O.B. _____
 21. Would You like text message appointment reminders? Y or N If Yes, name of your wireless carrier: _____
- The above information is true and accurate to the best of my knowledge.
Patient Signature (Parent/Guardian): _____ Date: _____