



We Care  
Chiropractic

# Chiropractic Health Questionnaire

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ SS#: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Marital Status: M W D S Spouse Name: \_\_\_\_\_ # of Children \_\_\_\_\_

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      Presentation      Advertisement

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 past 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. Auto and work-related injuries can cause serious spinal problems. Is this visit related to an accident or injury? YES      NO      Date of incident \_\_\_\_\_

11. Spinal health is especially important during pregnancy. Is there any chance that you are pregnant?  
YES      NO

12. If the doctor feels that chiropractic will help you, are you willing to follow his recommendations?  
YES      NO

13. 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: \_\_\_\_\_