Commerce Family Chiropractic Health Questionnaire

Name _____ **Home Phone**_____

Address_____ **Cell Phone**_____

City_____ **State** _____ **Zip code**_____ **Date of Birth**_____/_____/_____ **Male/Female**

Age_____**SS#**_____**Email**_____

Occupation_____ **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?**

_____

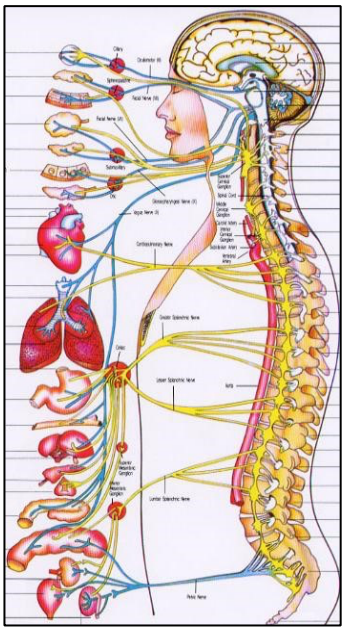
2. **Science tells us your spine like your teeth need to be cared for regularly.**
   How often do you get adjusted by a chiropractor? Frequently/ Only when you hurt/ 1 x monthly/ Never

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** ☐

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 as well as, loss of Nerve Health.**
   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 causes your spine to misalign and accelerates spinal damage. Rate your stress level over the last 3 months.**
   None 1 2 3 4 5 6 7 8 9 10 Intense

9. **Please circle or list any health symptoms or health complaints you are experiencing.**

Neck pain L/R	**Leg pain L/R**	**Heart Disease**	**Thyroid**
Mid-back pain	**Asthma**	**Cancer**	**Allergies:**
Low-back pain	**Headaches/Migraines**	**Constipation**	_____
Arm pain/Numbness 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. **Do You Smoke?** ☐ **Yes** ☐ **No**

13. **Spinal health is vitally important to ensure you and your baby are healthy. Is there a chance you are pregnant?** ☐ **Yes** ☐ **No**

14. **Daily trauma, auto accident(s), and work injuries can cause misalignment of vertebrae and serious spinal problems.**
    When was your most recent injury at home?_____ **Car accident?** _____ **Slip or fall?**_____

15. **Improper sleeping positions can cause spinal misalignment and 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 Often**

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**

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

Patient Signature (Parent/Guardian):_____ **Date:** _____

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