



ADULT CHIROPRACTIC HEALTH HISTORY QUESTIONNAIRE

Name _____ Cell Phone _____

Address _____ Home Phone _____

City, State _____ Zip _____ Work Phone _____

Birth Date _____ Age _____ SSN _____ Email _____

Occupation _____ Employer _____

Work Address _____

Marital Status: M W Sep. D Sin. Spouse Name _____ No. of Children _____

Have you ever seen a chiropractor? If so, how many times? _____ When? _____

Most patients are referred to our office by a family member or friend. How did you hear about our office? Friend/
Family Name _____ Website Presentation Email

2. When was your last complete examination including x-rays? _____ Never

3. Have you ever been told that you have a spinal curvature, spinal arthritis, or inherited spinal issues?
 Yes _____ No

4. Structural issues can cause decay and degeneration which results in grinding or cracking. Do you ever hear noises when moving your head or neck? Yes No

5. Structural issues 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

6. Stress can cause or accelerate secondary conditions. Rate your stress level over the last 90 days.

Low – 1 2 3 4 5 6 7 8 9 10 – High

7. Are you currently taking any medications? _____

8. Auto or work related injuries can cause serious structural issues. Is this visit related to an accident or injury?
 Yes No Date of Injury _____ Type of Injury _____

9. Structural issues can be especially important during pregnancy. Is there any chance that you are pregnant?
 Yes No Due date _____

10. Have you ever been diagnosed with any major illness (i.e. cancer, diabetes, heart disease, etc.)? Yes No
If yes, please describe type of illness and date you were diagnosed _____

11. Do you have a family history of any major illness? Yes No If yes, please describe

