



General Health Questionnaire  
Please indicate which of the following apply.



For Present Problem



For Past Problem

<p style="text-align: center;"><b><i>Musculo- Skeletal</i></b></p> <p>_____ Low back problems</p> <p>_____ Pain between shoulders</p> <p>_____ Neck problems</p> <p>_____ Arm pain</p> <p>_____ Swollen joints</p> <p>_____ Leg pain</p> <p>_____ Stiff joints</p> <p>_____ Muscle cramps</p> <p>_____ Muscle weakness</p> <p>_____ Walking problems</p> <p>_____ Ruptures (hernias)</p> <p>_____ Broken bones or fractures</p> <p>_____ Dislocations</p> <p>_____ Bone diseases</p> <p>_____ Other</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;"><b><i>Gastro-Intestinal</i></b></p> <p>_____ Poor appetite</p> <p>_____ Excessive appetite</p> <p>_____ Difficulty swallowing</p> <p>_____ Excessive thirst</p> <p>_____ Heartburn</p> <p>_____ Excessive gas</p> <p>_____ Excessive bleeding</p> <p>_____ Frequent nausea</p> <p>_____ Frequent vomiting</p> <p>_____ Vomited blood</p> <p>_____ Ulcers</p> <p>_____ Irregular bowel movements</p> <p>_____ Intestinal infections</p> <p>_____ Indigestion</p> <p>_____ Red- or tar-colored stools</p> <p>_____ Hemorrhoids</p> <p>_____ Frequent diarrhea</p> <p>_____ Frequent constipation</p> <p>_____ Weight trouble</p> <p>_____ Diabetes</p> <p>_____ Other</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;"><b><i>Nervous System</i></b></p> <p>_____ In-coordination</p> <p>_____ Tremors</p> <p>_____ Numbness</p> <p>_____ Loss of feeling</p> <p>_____ Paralysis</p> <p>_____ Dizziness</p> <p>_____ Fainting</p> <p>_____ Frequent headaches</p> <p>_____ Muscle twitching</p> <p>_____ Convulsions/ Seizures</p> <p>_____ Forgetfulness</p> <p>_____ Confusion</p> <p>_____ Depression</p> <p>_____ Other</p> <p>_____</p> <p>_____</p>
<p style="text-align: center;"><b><i>RESPIRATORY</i></b></p> <p>_____ Consistent cough</p> <p>_____ Excessive phlegm (sputum)</p> <p>_____ Coughing up blood</p> <p>_____ Wheezing</p> <p>_____ Asthma</p> <p>_____ Frequent bronchitis</p> <p>_____ Other</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;"><b><i>GENITO-URINARY</i></b></p> <p>_____ Irregular urination</p> <p>_____ Painful urination</p> <p>_____ Bladder infection</p> <p>_____ Excessive urination</p> <p>_____ Scanty urination</p> <p>_____ Discolored urine</p> <p>_____ Unable to hold urine</p> <p>_____ Kidney stones</p> <p>_____ Other</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;"><b><i>CARDIO-VASCULAR</i></b></p> <p>_____ Chest pain</p> <p>_____ Racing heartbeat</p> <p>_____ Swelling of feet/ankles</p> <p>_____ Varicose veins</p> <p>_____ Fainting spells</p> <p>_____ Blood pressure issues</p> <p>_____ Cramps in legs</p> <p>_____ Poor circulation</p> <p>_____ Jaundice</p> <p>_____ Anemia</p> <p>_____ Stroke</p> <p>_____ Other</p> <p>_____</p> <p>_____</p>
<p style="text-align: center;"><b>FEMALES ONLY</b></p>	<p>_____ Menopause</p> <p>_____ Discharge from nipple</p> <p>_____ Lumps in breast</p> <p>_____ Vaginal discharge</p> <p>_____ Other _____</p>	<p>_____ Abnormal menstruation</p> <p>_____ Painful periods</p> <p>_____ Contraceptives</p> <p>_____ Pregnancies (number)</p> <p>_____</p>

<p style="text-align: center;"><b>EYES</b></p> <p>_____ Pain</p> <p>_____ Blurring</p> <p>_____ Bothered by light</p> <p>_____ Infection</p> <p>_____ Loss of vision</p> <p>_____ Cataract</p> <p>_____ Other</p> <hr/>	<p style="text-align: center;"><b>MOUTH</b></p> <p>_____ Bite plate for TMJ</p> <p>_____ Bleeding gums</p> <p>_____ Swollen gums</p> <p>_____ Painful gums</p> <p>_____ Change in taste</p> <p>_____ Other</p> <hr/>	<p style="text-align: center;"><b>EARS</b></p> <p>_____ Pain</p> <p>_____ Hearing loss</p> <p>_____ Ringing in ear(s)</p> <p>_____ Discharge from ear(s)</p> <p>_____ Infections</p> <p>_____ Other</p> <hr/>
<p style="text-align: center;"><b>SKIN</b></p> <p>_____ Rashes</p> <p>_____ Colorations changes</p> <p>_____ Lumps</p> <p>_____ Bruise easily</p> <p>_____ Other</p> <hr/>	<p style="text-align: center;"><b>NOSE</b></p> <p>_____ Discharge</p> <p>_____ Sinus problems</p> <p>_____ Other</p> <hr/>	<p style="text-align: center;"><b>THROAT</b></p> <p>_____ Hoarseness</p> <p>_____ Frequent sore throat</p> <p>_____ Other</p> <hr/>
<p style="text-align: center;"><b>MEDICATIONS</b></p> <p>_____ Insulin</p> <p>_____ Antacids</p> <p>_____ Heartburn remedies</p> <p>_____ Laxatives</p> <p>_____ Water pills</p> <p>_____ Aspirin</p> <p>_____ Muscle relaxers</p> <p>_____ Tranquilizers</p> <p>_____ Blood pressure pills</p> <p>_____ Birth control pill</p> <p>_____ Mega-doses vitamins</p> <p>_____ Pain killers</p> <p>_____ Nerve pills</p> <p>_____ Pep pills</p> <p>_____ Narcotics</p> <p>_____ Other</p> <hr/>	<p style="text-align: center;"><b>CHILDHOOD DISEASES</b></p> <p>_____ Measles (Rubeola)</p> <p>_____ Mumps</p> <p>_____ Chickenpox (Varicella)</p> <p>_____ German Measles (Rubella)</p> <p>_____ Whooping cough (Pertussis)</p> <p>_____ Scarlet fever</p> <p>_____ Rheumatic fever</p> <p>_____ Diphtheria</p> <p>_____ Polio</p> <p>_____ Hip joint disease</p> <p>_____ Other</p> <hr/>	<p style="text-align: center;"><b>ALLERGIES</b></p> <p>_____ Food</p> <hr/> <p>_____ Feathers</p> <p>_____ Flowers &amp; Plants</p> <p>_____ Animals</p> <p>_____ Dust &amp; Pollen</p> <p>_____ Other</p> <hr/> <p style="text-align: center;"><b>Misc.</b></p> <p>_____ Do you wear heel lifts, arch supports or any other orthotic devices?</p> <p>_____ Have you ever had cancer?</p> <p>_____ Do you smoke?</p> <p>_____ How often do you consume alcoholic beverages?</p> <hr/>
<p><b>Additional Information:</b></p> <hr/> <hr/> <hr/>		



**SCOTIA CHIROPRACTIC HEALTH CENTRE INC.**

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12-294 Cobequid Road

Lower Sackville, Nova Scotia B4C 2S4

Tel.: (902) 864-4411 or 902-865-6593 Fax: (902) 865-2140

***General Information***

If a new condition arises or if you change your address, phone number, or place of work, please advise the clinic staff as soon as possible.

In consideration of our patients, as well as our staff, we ask that you please refrain from wearing perfume, cologne or aftershave when you come for your appointments with us.

***Account Information***

The provincial health care plan in Nova Scotia (MSI) does not cover Chiropractic health services. Therefore, payment is due at the time of your appointment, unless other arrangements have been made. Fees for Chiropractic health care services are as posted in the reception area and are subject to change without notice. Patients are invited to use cash, debit, Visa and MasterCard to keep their accounts current. Please discuss the fees of the clinic with Dr. Richard if you have any concerns.

If you have coverage through your personal health insurance company plan, or any other third party, you are directly responsible for the program. Receipts are issued at the time of payment and can be used for reimbursement from your plan. In the event of coverage resulting from a work-related injury, a Workers' Compensation Board (WCB) claim number and confirmation of coverage must be obtained to proceed with direct billing. If not provided, or if the claim has not yet been approved, you will be personally responsible for all fees billed to your account. Once the claim is approved, it is your responsibility to advise the Clinic staff of this. It is also your responsibility to submit your receipts for any treatment rendered prior to providing the Clinic staff with your claims number, to the WCB for reimbursement of the portion covered by the WCB. Any subsequent treatments would be billed directly to the WCB.

In the event of coverage resulting from a motor vehicle accident or personal injury claim, confirmation of coverage, including the policy number, must be obtained from the insurance company, to proceed with direct billing. If required, requests for letters or medical –legal reports must be made in writing and may not be released until payment is received.

To better serve our patients, 24-hour notice of cancellation is required. In the event of a missed appointment or insufficient notice of cancellation, the fee for a late appointment will be billed to your account. Please note that insurance companies do not cover missed appointments.

If you are discharged or discontinue treatment, any balance on your account is immediately due and payable.

I have read , understood and agree to the policies described above. I have also had an opportunity to ask questions about these policies. I also understand that these policies may be subject to change without notification.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(If patient is a minor, parent or guardian must sign)