

# Adult Chiropractic Health Questionnaire

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ SS# \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Email Address \_\_\_\_\_

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

Employer's Address \_\_\_\_\_ Phone # \_\_\_\_\_

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

Spouse's Birth date: \_\_\_\_\_ Spouse's Employer \_\_\_\_\_

1. Many patients are referred to our office by a caring family member or friend. What made you decide to visit our office? ☐ Referral from friend/family ☐ Website ☐ Sign ☐ Telephone call ☐ Yellow Pages ☐ E-mail  
Name/location of referral source: \_\_\_\_\_

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 last 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. Prescription medications may cause various side effects, hide the severity of health problems and hinder the body's ability to heal. What medications are you currently taking?  
\_\_\_\_\_

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

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

13. Have you ever been diagnosed with cancer? ☐ YES ☐ NO Type \_\_\_\_\_ Year \_\_\_\_\_

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

Welcome to our office! It is well known that families who maintain strong, healthy, well aligned spines have much improved health. People whose spines are not kept in proper alignment are much more likely to develop health disorders later in life such as arthritis, illness, pain, heart attacks, strokes, even cancer.

## INSURANCE AUTHORIZATION

Do you have health insurance? \_\_\_\_\_ Name of Company \_\_\_\_\_

Subscriber's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Subscriber's relationship to Patient: \_\_\_\_\_ Subscriber's SS# \_\_\_\_\_

Subscriber's address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**AUTHORIZATION AND RELEASE:** I authorize payment of insurance benefits directly to the chiropractor or chiropractic office. I authorize the doctor to release all information necessary to communicate with personal physicians and other healthcare providers and payers and to secure the payment of benefits. I understand that I am responsible for all costs of chiropractic care, regardless of insurance coverage. I also understand that if I suspend or terminate my schedule of care as determined by my treating doctor, any fees for professional services will be immediately due and payable.

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

**All of the above patient information is true and accurate to the best of my knowledge.**

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