Bobcaygeon Chiropractic Center

# Health Questionnairre

Name: _____

Date: _____ File # _____

Please check (√ ) off any conditions or symptoms PRESENTLY causing you problems.

Please mark with an X any conditions or symptoms that have PREVIOUSLY been a problem.

| GENERAL | | CIRCULATION | | E.E.N.T. | | MUSCLE & JOINT | |
|---|---|---|---|---|---|---|---|
| Loss of Consciousness | | Bleed/bruise easily | | Blurred vision | | Stiffness | |
| Blackouts | | High blood pressure | | Failing vision: | | Back pain | |
| Headache | | Low blood pressure | | Right eye | | Neck pain | |
| Fever | | Pain over heart | | Left eye | | Swollen joints | |
| Sweats | | Stroke | | Crossed eyes | | Painful tailbone | |
| Fainting | | Hardening of arteries | | Double vision | | Foot trouble | |
| Dizziness | | Varicose veins | | Eye pain | | Shoulder pain | |
| Clumsiness | | Swelling in ankles | | Deafness | | Elbow pain | |
| Convulsions | | Poor circulation | | Earache | | Wrist/hand pain | |
| Loss of sleep | | Heart/blood disease | | Ears: Ringing/buzzing | | Hip/knee pain | |
| Numbness, pain etc. | | Angina | | Asthma | | Ankle/foot pain | |
| Nervousness | | DIGESTION | | Frequent colds | | Arthritis | |
| Weight loss | | Poor appetite | | Sinus infections | | Loss of strength | |
| Weight gain | | Indigestion | | Enlarged glands | | Hernia | |
| Mood swings | | Excessive hunger | | Slurred Speech | | HEALTH PROBLEMS | |
| Depression | | Gas or belching | | Other speech problems | | Fractures | Y / N |
| Nervous breakdown | | Nausea or vomiting | | G.U. FOR WOMEN | | Car accident | Y / N |
| RESPIRATORY | | Pain over stomach | | Painful menstruation | | Hospitalized | Y / N |
| Chronic cough | | Constipation | | Excessive flow | | Smoked in the past | Y / N |
| Spitting up phlegm | | Diarrhea | | Hot flashes | | Currently smoke | Y / N |
| Spitting up blood | | Hemorrhoids (piles) | | Irregular cycle | | Drink alcohol | Y / N |
| Chest pain | | Jaundice | | Cramps/backaches | | #____/day or # ____/week | |
| Difficult breathing | | Gall bladder trouble | | Vaginal discharge | | Osteoporosis | Y / N |
| SKIN | | Intestinal worms | | Swollen breasts | | Contagious disease | Y / N |
| Rashes | | Ulcers | | Lumps in breasts | | TB | Y / N |
| Itching | | Diabetes | | Birth control pills | | Cancer | Y / N |
| Dry | | | | # of pregnancies | | HIV | Y / N |
| Moist | | | | # of children | | AIDS | Y / N |
| Boils | | MEDICATION | | | | | |
| Hives | | | | | | | |
| List current medications: | | | | | | | |
| | | | | | | | |
| | | | | | | | |