

HEALTH QUESTIONNAIRE

DATE: _____

NAME: _____ STREET _____ Cell # _____

CITY _____ STATE _____ ZIP _____ PH# _____ WK# _____

OCCUPATION: _____ DOB: ___ / ___ / ___ SS# _____

PHYSICIAN: _____ PHONE: (____) _____ - _____

EMPLOYER NAME _____

EMP. ADDRESS _____ EMP. PHONE (____) _____

INSURANCE CARDHOLDER'S DATE OF BIRTH _____

UPON REQUEST, DO YOU GIVE CONSENT TO HAVING YOUR SCHEDULE E-MAILED TO YOU?
YES/NO IF YES, E-MAIL ADDRESS _____

HAVE YOU EVER HAD OR BEEN TOLD YOU HAD: (CHECK IF YES)

___ HEART OR ARTERY DISEASE

___ DIABETES

___ GENITO-URINARY PROBLEMS

___ EYE, EAR, NOSE, OR THROAT DISORDER

___ RESPIRATORY DISORDER

___ HIGH BLOOD PRESSURE

___ CANCER OR ANY TYPE OF MALIGNANCY

___ ULCER OR DIGESTIVE DISORDER

___ VARICOSE VEINS

___ EPILEPSY

___ BIRTH DEFECT OF ANY TYPE

___ GOUT

___ CHEST PAINS

EXPLAIN IF YES:

YOUR PRESENT WEIGHT: _____ **HEIGHT** _____

WHAT IS YOUR REASON FOR SEEKING THERAPY AT THE PRESENT TIME? _____

LIST ALL PRESCRIPTION MEDICINES YOU ARE CURRENTLY USING: _____

LIST ANY DIAGNOSTIC TESTING YOU HAVE HAD FOR THIS INJURY/CONDITION (i.e., x-rays, MRI)

HAVE YOU EVER HAD THERAPY IN THE PAST FOR THIS INJURY/CONDITION? IF SO, WHEN?

DO YOU HAVE ANY DIFFICULTY IN YOUR DAILY LIVING WITH: (CIRCLE IF YES)

**WALKING
STANDING
SITTING
SLEEPING
BATHING
DRESSING**

**PERSONAL HYGIENE
REACHING
LIFTING
CARRYING MORE THAN:
FIVE POUNDS TEN POUNDS
OTHER: _____
_____**

DO YOU HAVE PROBLEMS WITH ANY OF THE FOLLOWING: (CIRCLE IF YES)

**HEADACHES
TMJ
MENSTRUAL CRAMPING
IRREGULAR PERIODS**

**ENDOMETRIOSIS
ABDOMINAL ADHESIONS
FIBROID TUMORS
ABDOMINAL PAIN
OTHER: _____
_____**

PLEASE RATE YOUR LEVEL OF PAIN WHEN YOU FEEL YOUR BEST ON A 0-10 SCALE (0=NO PAIN, 10 IS THE WORST PAIN)_____. RATE YOUR PAIN WHEN YOU FEEL YOUR WORST_____. LIST YOUR PAIN LEVEL AT THIS MOMENT_____.

PLEASE DESCRIBE YOUR ACTIVITY LEVEL PRIOR TO THIS INJURY/CONDITION:

ARE YOU PREGNANT? _____

DO YOU CURRENTLY HAVE ANY ILLNESSES? _____

PLEASE LIST ALL OPERATIONS, SERIOUS ILLNESSES, INJURIES, OR BROKEN BONES THAT YOU HAVE SUSTAINED:

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE:

SIGNED: _____