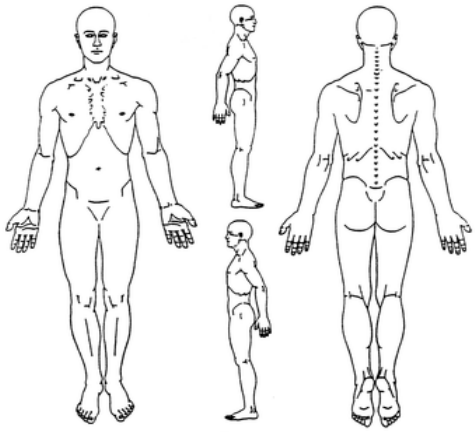
HAUPTMAN CHIROPRACTIC CLINIC
HEALTH QUESTIONNAIRE

Patient:_____**Date:**_____

MUSCULOSKELITAL SYSTEM

YES	NO	
□	□	Low Back Pain
□	□	Mid Back Pain
□	□	Pain between Shoulders
□	□	Neck Pain
□	□	Arm Pain/Numbness
□	□	Leg Pain/Numbness
□	□	Swollen Joints
□	□	Painful Joints
□	□	Stiff Joints
□	□	Sore Muscles
□	□	Weak Muscles
□	□	Difficulty Walking
□	□	Muscle Spasms
□	□	Broken Bones
□	□	Shoulder Pain



P___ Pain **N___ Numbness**
S___ Spasm **T___ Tingling**
H___ Hypoesthesia/Loss of felling

Pain Index

Least 1 2 3 4 5 6 7 8 9 10 Worst

GENTIO-URINARY SYSTEM

YES	NO	
□	□	Bladder Trouble
□	□	Excessive Urination
□	□	Scanty Urination
□	□	Painful Urination
□	□	Discolored Urine

FEMALE

YES	NO	
□	□	Vaginal Discharge
□	□	Vaginal Bleeding
□	□	Vaginal Pain
□	□	Breast Pain
□	□	Lumps on Breast

ARE YOU PREGNANT

□ YES □ NO

GASTRO-INTESTINAL SYSTEM

YES	NO	
□	□	Poor Appetite
□	□	Excessive Hunger
□	□	Weight Loss
□	□	Difficulty Chewing
□	□	Difficulty Swallowing
□	□	Excessive Thirst
□	□	Nausea
□	□	Vomiting Blood
□	□	Diarrhea
□	□	Constipation
□	□	Black Stool
□	□	Bloody Stool
□	□	Hemorrhoids
□	□	Liver Trouble
□	□	Gall Bladder Problem

HABITS

YES	NO	
□	□	Cigarettes
□	□	Alcohol
□	□	Coffee/Tea
□	□	Drugs
□		_____

NERVOUS SYSTEM

YES	NO	
□	□	Numbness
□	□	Loss of Feeling
□	□	Paralysis
□	□	Dizziness
□	□	Fainting
□	□	Headaches
□	□	Muscle Jerking
□	□	Convulsions
□	□	Forgetfulness
□	□	Confusion
□	□	Depression
□	□	Insomnia

CARDIO-VASCULAR RESPIRATORY

YES	NO	
□	□	Chest Pain
□	□	Difficulty Breathing
□	□	Persistent Cough
□	□	Coughing Blood
□	□	Rapid Heartbeat
□	□	High Blood Pressure
□	□	Heart Problems
□	□	Lung Problems
□	□	Varicose Veins

EYE, EAR, NOSE, & THROAT

YES	NO	
□	□	Eye Pain/Inflammation
□	□	Vision Problems
□	□	Ear Pain
□	□	Discharge from Ears
□	□	Ringing in Ears
□	□	Hearing Loss
□	□	Nose Pain
□	□	Nose Bleeding
□	□	Nose Discharge
□	□	Dental Problems
□	□	Sore Throat
□	□	Difficult Speech
□	□	Sinuses/Allergies
□	□	Jaw Pain

Patient's Signature:_____
Patient Comments:_____
_____
_____

Physician's Signature:_____
Physician Comments:_____
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