

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

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

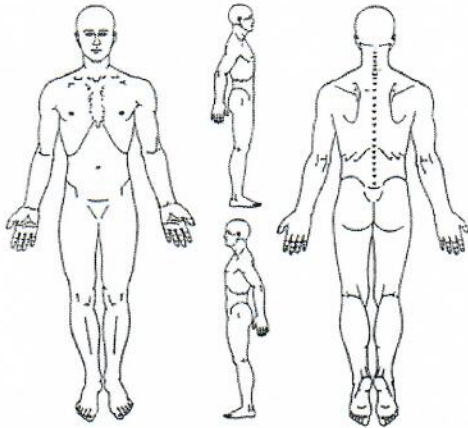
- YES NO

NERVOUS SYSTEM

- YES NO
- Numbness
 - Loss of Feeling
 - Paralysis
 - Dizziness
 - Fainting
 - Headaches
 - Muscle Jerking
 - Convulsions
 - Forgetfulness
 - Confusion
 - Depression
 - Insomnia (can't sleep)

CARDIO-VASCULAR RESPIRATORY

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



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

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

- P__ Pain N__ Numbness
S__ Spasm T__ Tingling
H__ Hypoesthesia/Loss of feeling

Pain Index

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

HABITS

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

Patient's Signature: _____

Patient Comments: _____

Physician's Signature: _____

Physician Comments: _____