

## Health Questionnaire

Please check any symptoms you are experiencing now or have experienced in the past.

### Musculoskeletal System

- Low Back Problems
- Pain Between the Shoulders
- Neck Problems
- Arm Problems
- Leg Problems
- Swollen Joints
- Painful Joints
- Stiff Joints
- Sore Muscles
- Weak Muscles
- Walking Problems
- Ruptures
- Broken Bones/Sprains/Strains

### Nervous System

- Numbness
- Loss of Feeling
- Paralysis
- Dizziness
- Fainting
- Headaches
- Muscle Jerking
- Convulsions
- Forgetfulness
- Confusion
- Depression

### Genito-Urinary System

- Bladder Trouble
- Excessive Urine
- Painful Urination
- Scanty Urination
- Discoloured Urine

### Gastro-Intestinal System

- Poor Appetite
- Excessive Hunger
- Difficulty Swallowing
- Difficulty Chewing
- Excessive Thirst
- Nausea
- Vomiting Food
- Vomiting Blood
- Abdominal Pain
- Diarrhea
- Constipation
- Black Stool
- Bloody Stool
- Hemorrhoids
- Liver Trouble
- Gall Bladder Problems
- Weight Trouble

### Cardiovascular-Respiratory

- Chest Pain
- Pain Over Heart
- Difficulty Breathing
- Persistent Cough
- Coughing Phlegm
- Rapid Heartbeat
- Blood Pressure Problems
- Heart Problems
- Lung Problems
- Varicose Veins

### Other Symptoms

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### EYE, EAR, NOSE, THROAT

- Eye Strain
- Eye Inflammation
- Vision Problems (Spots, Blurring)
- Ear Pain
- Ear Noises
- Hearing Loss
- Ear Discharge
- Difficulty Breathing Through Nose
- Sore Gums
- Dental Problems
- Sore Mouth
- Hoarseness
- Difficult Speech

### Females Only

- Vaginal Discharge
- Vaginal Bleeding
- Vaginal Pain
- Breast Pain
- Breast Lumps

### Signs of Subluxation

- Low Energy Level
- Irritability
- Los of Sleep
- Mood Swings
- Sluggish Bowels
- Disorientation
- Burning Sensations
- Sharp, Shooting Pain
- Brain "Fog"

**Women – Are you pregnant?** Yes \_\_\_ No \_\_\_ Maybe \_\_\_ **Date of Last Period:** \_\_\_\_\_

Please Note: Chiropractic experience has shown that most of the conditions we find in adults actually started in childhood. For this reason, we encourage you to have your children's spines checked also.

**"AN OUNCE OF PREVENTION IS WORTH A POUND OF CURE"**

**Children names, ages, and any apparent symptoms or conditions (IE: earaches, asthma, sleeping and leaning disorders, frequent colds, ear and throat infections, bad falls, need for antibiotics, ventalin), etc....)**

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Please read and sign this agreement. It is for your protection.

I understand and agree that 1.) OHIP health insurance no longer covers chiropractic care costs. The patient is responsible to pay the full fee. 2.) If the person has coverage through work or other means, the office will supply the patient with a statement at the end of the month, and the patient can seek reimbursement on his own. 3.) I understand that the fees are payable at the time the service is rendered unless arrangements are made to pay weekly. The patient is to have a zero balance by the end of the month.

**Signature:** \_\_\_\_\_

(If the patient is a minor, Name of parent or legal guardian)

**\*The above signature gives my consent to have an examination performed by the Doctor of Chiropractic**