

## SOME QUESTIONS TO HELP US HELP YOU

Name:

Date:

If we could only help you with one health problem, what would that be?

What other health problem would you like us to help you with?

How did these problems start?

When did these problems begin?

Have you ever had these problems before?

It is worse  in the morning /  at night.

Do you ever have numbness, tingling or pain in the arms or legs?

If so, where?

How often do you feel the pain and how long does it last?

Please list any other doctors seen for the above problem:

Please list medications you are currently taking:

Please list any surgeries you have had:

Please list any auto or work accidents you have had:

Please circle any in your family history: Heart disease-Diabetes-Arthritis-Cancer-Back problems

Do you get any dizziness? Yes / No

Do you have heart, lung or stomach problems? Yes / No

Are you right or left-handed?

Height:

Weight:

Name of previous chiropractor:

When were the last X-rays of your spine taken?

Are you looking for temporary relief or do you want the cause of your problem fully corrected?

Why?

What activities or hobbies have you been unable to do because of your problem?