EAST VILLAGE CHIROPRACTIC 33 East 7th Street New York, NY 10003 212 260-2213

Confidential Health Questionnaire

Patient Name_____ **Today's Date** _____

Home Address_____ **City** _____**State** _____ **Zip**_____

Home Phone_____ **Cell/Additional Phone** _____

Work Phone_____ **Date of Birth**_____ **E-mail**_____

Social Security #_____ **If married – Spouse's name** _____

1. Reason for Visit _____

2. Please describe your current symptoms _____

_____

3. Date symptoms began _____**Related to** ☐ Work Injury ☐ Auto Accident ☐ Other _____

4. Describe how your symptoms began _____

_____

5. How often do you experience your symptoms?
- ☐ Constantly (76-100% of the day)
- ☐ Frequently (51-75% of the day
- ☐ Occasionally (26-50% of the day)
- ☐ Intermittently (0-25% of the day)

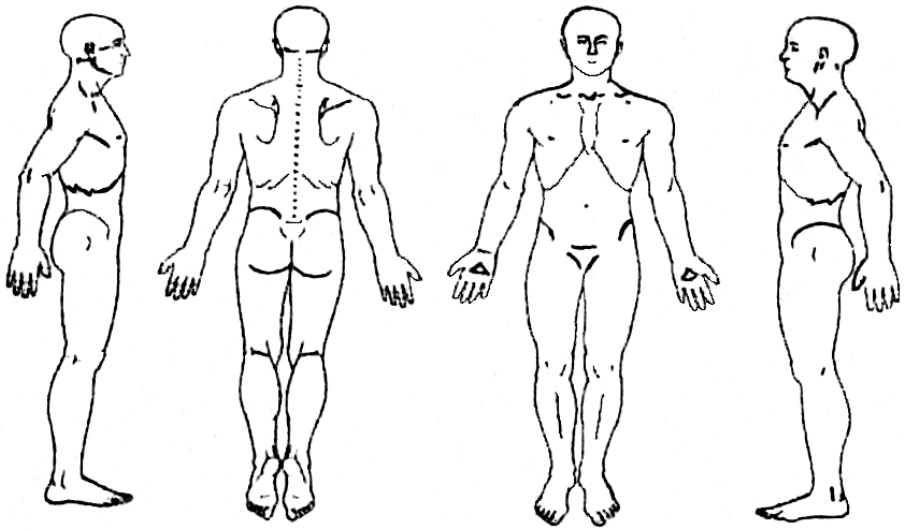
6. What describes the nature of your symptoms?
- ☐ Sharp ☐ Shooting
- ☐ Dull ache ☐ Burning
- ☐ Numb ☐ Tingling

7. How are your symptoms changing?
- ☐ Getting Better
- ☐ Not Changing
- ☐ Getting Worse

8. Current medications: ☐ Advil ☐ Tylenol

☐ Other/s _____

Indicate where you have pain or other symptoms



9. Indicate the average intensity of your complaints None (Check One) Unbearable
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

10. What makes your symptoms feel better? _____

11. What makes your symptoms feel worse? _____

13. Who have you seen for your current symptoms? ☐ No one ☐ Medical Doctor ☐ Osteopath ☐ Physical Therapist ☐ Chiropractor ☐ Other_____

a. Tests performed? ☐ X-rays date _____ ☐ CT scan date_____ ☐ MRI date: _____ ☐ Other, date _____

b. Describe treatment _____

13. Have you had similar symptoms in the past? ☐ No ☐ Yes (explain) _____

_____

a. Who did you see? ☐ No one ☐ Medical Doctor ☐ Physical Therapist ☐ Osteopath ☐ Other Chiropractor ☐ This Office

14. How did you here about our office? ☐ Walked by ☐ Yellow pages ☐ Web site: (which one) _____

☐ Friend is a patient ☐ Family member is a patient ☐ Medical doctor ☐ Chiropractor

15. Who may we thank for referring you? _____

Patient's / Guardian's Signature _____ **Date**_____