Adult Patient Questionnaire

Confidential Patient Information				
First Name:	Last Name:	Date:		
SSN:	DOB:	Sex:		
Occupation:	# of Children:	Marital Status:		
Street Address:		Height:		
City, State, Postal Code:		Weight:		
Email:	Cell Phone:	Other Phone:		
Emergency Contact:	Emergency Relation:	Emergency Phone:		
How did you hear about us?				
Who is your primary care physician?				
Date and reason for your last doctor visit?				
Are you receiving care from any other health pro If yes, please name them and their specialty:	fessionals? O Yes O No			
Please note any significant family medical history	y:			
Current Health Conditions				
What health condition(s) bring you into our office	Please indicate where you are experiencing pain or discomfort.			
		X=Current condition; O=Past condition		
Have you received care for this problem before? – If yes, please explain:	Yes O No			
When did the condition(s) first begin?				
How did the problem start? Suddenly	Gradually Opost-Injury			
Is this condition:	ving OIntermittent OConstant OUnsure			
What makes the problem better?				
What makes the problem worse?				
Your Health Goals				
What are your top three health goals?				
1				
2				

Chiropract	tic Histor	y									
What would y	you like to g	ain from	chiropraction	c care?	O Resolve exi	isting condition(s) Overall	wellness	OBoth			
Have you eve	er visited a c	chiroprac	otor? OYe	es O	No - If yes, wh	hat is their name?					
- What is their specialty? O Pain Relief O Physical Therapy & Rehab O Nutrition O Subluxation-based O Other:											
Do you have any health concerns for other family members today?											
TRAUMAS	S: Physica	al Injur	y History								
_	_	ignifican	it falls, surge	eries or	other injuries as	an adult? O Yes O No					
- If yes, pleas	se explain:										
Notable child	hood injurie	ue? () Vos O I	No -	If was inleased ave	olain:					
Notable childhood injuries?											
Youth or college sports?											
Any past auto accidents?											
- What types	-) None) 1-0X	perweek 04	-6x per week ○ Daily					
How do you	normally sle	ep?	Back C) Side	O Stomach	Do you wake up: OR	defreshed a	nd ready	O Stiff a	and tired	d
Do you commute to work? ○ Yes ○ No - If yes, how many minutes per day?											
List any prob	lems with fle	exibility (ex. putting c	on shoe	es/socks, etc):						
How many ho	How many hours per day do you typically spend sitting at a desk? On a computer, tablet or phone?										
TOXINS: Chemical & Environmental Exposure											
TOXINS: C	Chemical	& Envi	ronmenta	al Exp	osure						
TOXINS: C					osure						
		SUMPTI	ON for eac	h:	High		None		Moderate		High
Please rate	your CONS	SUMPTI ②	ON for eac	ch:	High ⑤	Processed Foods	1)	2	3	4)	(5)
Alcohol Water	your CONS None 1 1	© 2 2	ON for each	ch: 4 4	High ⑤ ⑤	Artificial Sweeteners	1	2	33	4	55
Alcohol Water Sugar	None 1 1	© ② ② ② ②	ON for eac Moderate 3 3 3	eh: 4 4 4 4	High (5) (5) (5)	Artificial Sweeteners Sugary Drinks	1) 1)	2	333	4	555
Alcohol Water Sugar Dairy	None 1 1 1	© ② ② ② ② ②	ON for each Moderate 3 3 3 3 3	ch: 4 4 4 4 4	High ⑤ ⑤ ⑤ ⑤	Artificial Sweeteners Sugary Drinks Cigarettes	1 1 1	2 2	3333	4 4	(5) (5) (5) (5)
Alcohol Water Sugar Dairy Gluten	None 1 1 1 1	2 2 2 2 2 2 2	ON for each Moderate 3 3 3 3 3 3	4 4 4 4 4	High	Artificial Sweeteners Sugary Drinks Cigarettes Recreational Drugs	1) 1)	2	333	4	555
Alcohol Water Sugar Dairy Gluten	None 1 1 1 1	2 2 2 2 2 2 2	ON for each Moderate 3 3 3 3 3 3	4 4 4 4 4	High	Artificial Sweeteners Sugary Drinks Cigarettes	1 1 1	2 2	3333	4 4	(5) (5) (5) (5)
Alcohol Water Sugar Dairy Gluten	None 1 1 1 1	2 2 2 2 2 2 2	ON for each Moderate 3 3 3 3 3 3	4 4 4 4 4	High	Artificial Sweeteners Sugary Drinks Cigarettes Recreational Drugs	1 1 1	2 2	3333	4 4	(5) (5) (5) (5)
Alcohol Water Sugar Dairy Gluten	None 1 1 1 1 y drugs/me	② ② ② ② ② ② ② ② ② ②	Moderate 3 3 3 3 3 3 sylvitamins/	4 4 4 4 4 7 herbs (High \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Artificial Sweeteners Sugary Drinks Cigarettes Recreational Drugs	1 1 1	2 2	3333	4 4	(5) (5) (5) (5)
Alcohol Water Sugar Dairy Gluten Please list an	None 1 1 1 1 y drugs/me	② ② ② ② ② ② ② ② ② Ordication	Moderate 3 3 3 3 3 3 sylvitamins/	4 4 4 4 4 7 herbs (High \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Artificial Sweeteners Sugary Drinks Cigarettes Recreational Drugs	1 1 1	2 2	3333	4 4	(5) (5) (5) (5)
Alcohol Water Sugar Dairy Gluten	None 1 1 1 1 y drugs/me	② ② ② ② ② ② ② ② ② Ordication	Moderate 3 3 3 3 3 3 sylvitamins/	4 4 4 4 4 7 herbs (High (5) (5) (5) (5) or other that you	Artificial Sweeteners Sugary Drinks Cigarettes Recreational Drugs	1 1 1	2 2	3333	4 4	\$\begin{align*} \oldsymbol{6} & \oldsymbol{6}
Alcohol Water Sugar Dairy Gluten Please list an	None 1 1 1 1 1 y drugs/me	② ② ② ② ② ② ② ② ② Ordication	Moderate 3 3 3 3 3 sylvitamins/	4 4 4 4 4 4 Chal	High \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Artificial Sweeteners Sugary Drinks Cigarettes Recreational Drugs are taking and why:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	② ② ② ②	3 3 3 3 0	4 4 4	(5) (5) (5) (5)
Alcohol Water Sugar Dairy Gluten Please list and THOUGHT Please rate Home	None 1 1 1 1 y drugs/me S: Emoti	② ② ② ② ② ② ② ② Onal S	Moderate 3 3 3 3 3 s/vitamins/	4 4 4 4 4 7 herbs (High 6 5 6 5 or other that you Ienges High 6	Artificial Sweeteners Sugary Drinks Cigarettes Recreational Drugs are taking and why:	① ① ① ① ① ① ① ① ① ① ② ② None	2 2 2	3 3 3 3 3	4 4	(5) (5) (6) (5)
Alcohol Water Sugar Dairy Gluten Please list an	None 1 1 1 1 1 1 y drugs/me S: Emoti	② ② ② ② ② ② ② Onal S SS for 6	Moderate 3 3 3 3 3 3 stresses & each: Moderate	4 4 4 Chal	High ⑤ ⑤ ⑤ ⑥ ⑥ or other that you Ienges	Artificial Sweeteners Sugary Drinks Cigarettes Recreational Drugs are taking and why:	① ① ① ① ① ① ① ① ① ① ① ② None ①	② ② ② ②	3 3 3 3 3 Moderate 3	4 4	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Alcohol Water Sugar Dairy Gluten Please list and THOUGHT Please rate of the thick	your CONS None 1 1 1 1 y drugs/me S: Emoti your STRE None 1 1 1	© ② ② ② ② ② ② ② ③ ② ③ ③ ③ ③ ③ ③ ⑤ SS for € ② ② ② ② ②	Moderate 3 3 3 3 3 sylvitamins/ otresses & each: Moderate 3 3 3	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	High \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Artificial Sweeteners Sugary Drinks Cigarettes Recreational Drugs are taking and why: Money Health	1 1 1 1 1 None 1	② ② ② ② ②	3 3 3 3 3 3 Moderate 3 3	4 4 4 4 4 4	(5) (5) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7
Alcohol Water Sugar Dairy Gluten Please list and THOUGHT Please rate of the thome Work	your CONS None 1 1 1 1 y drugs/me S: Emoti your STRE None 1 1 1	© ② ② ② ② ② ② ② ③ ② ③ ③ ③ ③ ③ ③ ⑤ SS for € ② ② ② ② ②	Moderate 3 3 3 3 3 sylvitamins/ otresses & each: Moderate 3 3 3	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	High \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Artificial Sweeteners Sugary Drinks Cigarettes Recreational Drugs are taking and why: Money Health	1 1 1 1 1 None 1	② ② ② ② ②	3 3 3 3 3 3 Moderate 3 3	4 4 4 4 4 4	(5) (5) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7
Alcohol Water Sugar Dairy Gluten Please list and THOUGHT Please rate of the thick	None 1 1 1 1 1 1 y drugs/me 1 None 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	© ② ② ② ② ② ② ② ③ ② ③ ③ ③ ③ ③ ③ ③ ③ ② ③ ② ② ② ② ② ② ② ② ② ② ② ② ② ③ ② ③ ② ③ ② ③ ② ④ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥	Moderate 3 3 3 3 3 servitamins/ otresses & each: Moderate 3 3 3 sent	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	High \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Artificial Sweeteners Sugary Drinks Cigarettes Recreational Drugs are taking and why: Money Health	1 1 1 1 1 None 1	2 2 2 2 2	3 3 3 3 3 3 Moderate 3 3	4 4 4 4 4 4 4	(S)

Stephanie Cohen, D.C. Total Health & Rehab, PLLC 8315 FM 723 Suite 28, Richmond, TX | (832) 315-9721 Drcohen@yahoo.com | www.totalhealthrehabtx.com