

Nob Hill Family Chiropractic

1848 Nob Hill Road, Plantation, FL 33322

Ph: 954-476-8884 Fx: 954-476-2671

Health Questionnaire

Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
City, State, Zip _____ Cell Phone _____
Email Address: _____ Birth Date: _____
Age: _____ SS# _____
Occupation: _____ Employer: _____
Marital Status: Married Widowed Separated Divorced Single
Spouse's Name _____ Number of Children _____

1. Most patients are referred to our office by a caring family member or friend. What made you decide to come to our office? Friend/Family Member Name: _____
 Telephone Call Yellow Pages Sign Website Presentation Email
2. Research shows that your spine should be checked regularly. How many times have you visited a chiropractor in your lifetime? _____ Never
3. When was your last complete spinal examination including x-rays? _____ Never
4. Have you ever been told that you have spinal curvature, spinal arthritis, or inherited spinal problem? Yes No
5. Spinal misalignments cause decay and degeneration which results in grinding or cracking. Do you ever hear noises when you move your head or neck? Yes No
6. Spinal misalignments can make you feel like you need to twist, stretch or crack your neck or back. Do you ever feel the need to crack or pop your neck or lower spine? Yes No
7. Poor posture leads to poor health and often indicates a spinal problem. How would you rate your posture? Poor- 1 2 3 4 5 6 7 8 9 10 -Excellent

- Please turn over -

8. Stress can cause or accelerate spinal damage. Rate your stress level over the last 90 days.

Low- 1 2 3 4 5 6 7 8 9 10 -High

9. Please list any health symptoms or health complaints you are experiencing.

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

10. Prescription medications may cause various side effects hide the severity of health problems and hinder the body's ability to heal. What medications are you currently taking?

1. _____ 2. _____ 3. _____

11. Auto and work-related injuries can cause serious spinal problems. Is this visit related to an auto accident or injury? Yes No Date of incident _____

12. Spinal health is especially important during pregnancy. Is there any chance that you are pregnant? Yes No

13. Have you ever been diagnosed with cancer? Type _____ Year _____

14. If the doctor feels that chiropractic will help you, are you willing to follow his recommendations? Yes No

The above information is true and accurate to the best of my knowledge.

Patient Signature _____ Date _____