

CHIROPRACTIC QUESTIONNAIRE

Correct answers to the following questions will allow your chiropractor to treat you on a more individual basis, thus providing the care appropriate for your particular needs. Your answers are for our records only and will be considered confidential.

1. Are you having any discomfort at this time?..... Yes No
2. Have you ever had any serious trouble associated with previous chiropractic care?..... Yes No
3. Does chiropractic treatment make you nervous?..... Yes No
4. Date of last Chiropractic visit _____
5. If previous chiropractic care how long were you treated for? _____
6. These are things that are important to me about my chiropractic health _____

7. Do you have any apprehensions about chiropractic care? _____

8. What are some of the questions about chiropractic care and health care that you never had adequately answered?

Circle one:

- | | | | |
|----------------|---|---|---|
| 1. My spine is | A) very healthy
B) moderately healthy | 5. I | A) have always done the best that was recommended for my health
B) have not always done what doctors have recommended for me.
C) rarely go |
| 2. I | A) think my posture is excellent
B) am satisfied with the appearance of my posture
C) am dissatisfied with the appearance Of my posture | 6. I | A) have put health for myself and my family high on my priority list.
B) have put health for myself and my family low on my priority list
C) Health is on my list but it's hard to find |
| 3. I | A) will do anything to keep myself as healthy as possible
B) want to keep my health, but have a certain budget of time and or money that I am willing to spend | 7. I think my present state of health is: | A) Excellent
B) Good
C) Poor |
| 4. I | A) have set goals for my health with a previous chiropractor
B) want to set goals concerning my health | | |