Waterbury Chiropractic Wellness

HEALTH HISTORY QUESTIONNAIRE

PATIENT NAME ______________________________ DATE ____________

Below is a list of conditions which may seem unrelated to the purpose of your appointment. However, these questions must be answered carefully as these problems can affect your overall diagnosis, treatment plan and possibility of being accepted for care.

CHECK ANY OF THE FOLLOWING DISEASES YOU HAVE HAD:

- ☐ Alcoholism
- ☐ Anemia
- ☐ Appendicitis
- ☐ Arthritis
- ☐ Asthma
- ☐ Cancer
- ☐ Chicken Pox
- ☐ COPD
- ☐ Diabetes
- ☐ Diphtheria
- ☐ Eczema
- ☐ Epilepsy
- ☐ Goiter
- ☐ Heart Disease
- ☐ Hepatitis
- ☐ Influenza
- ☐ Lumbago
- ☐ Malaria
- ☐ Measles
- ☐ Mental Disorder
- ☐ Mumps
- ☐ Pleurisy
- ☐ Pneumonia
- ☐ Polio
- ☐ Rheumatic Fever
- ☐ Scarlet Fever
- ☐ Shingles
- ☐ Sleep Apnea
- ☐ Small Pox
- ☐ Tuberculosis
- ☐ Typhoid Fever
- ☐ Whooping Cough

CHECK ANY OF THE FOLLOWING YOU HAVE OR HAVE HAD IN THE PAST 6 MONTHS:

MUSCULO-SKELETAL CODE

- ☐ Arm Pain
- ☐ Difficult Chewing / Clicking Jaw
- ☐ Joint Pain / Stiffness
- ☐ Low Back Pain
- ☐ Neck Pain
- ☐ Pain Between Shoulders
- ☐ Walking Problems

NERVOUS SYSTEM CODE

- ☐ Cold / Tingling Extremities
- ☐ Confusion / Depression
- ☐ Convulsions
- ☐ Dizziness
- ☐ Fainting
- ☐ Forgetfulness
- ☐ Numbness
- ☐ Paralysis

GASTO-INTESTINAL CODE

- ☐ Abdominal Cramps
- ☐ Black / Bloody Stools
- ☐ Colitis
- ☐ Constipation
- ☐ Diarrhea
- ☐ Excessive Thirst
- ☐ Frequent Nausea
- ☐ Gall Bladder Problems
- ☐ Gas / Bloating After Meals
- ☐ Heartburn
- ☐ Hemorrhoids
- ☐ Liver Trouble
- ☐ Poor / Excessive Appetite
- ☐ Vomiting
- ☐ Weight Trouble

GENERAL CODE

- ☐ Allergies
- ☐ Fever
- ☐ Loss of Sleep

GENITO-URINARY CODE

- ☐ Bladder Trouble
- ☐ Discolored Urine
- ☐ Painful/Excessive Urination

C-V-R CODE

- ☐ A-Fib
- ☐ Ankle Swelling
- ☐ Blood Pressure Problems
- ☐ Chest Pain
- ☐ Heart Problems
- ☐ Irregular Heartbeat
- ☐ Lung Problems / Congestion
- ☐ Short Breath
- ☐ Varicose Veins

EENT CODE

- ☐ Dental Problems
- ☐ Ear Aches
- ☐ Hearing Difficulty
- ☐ Sore Throat
- ☐ Stuffy Nose
- ☐ Vision Problems

MALE / FEMALE CODE

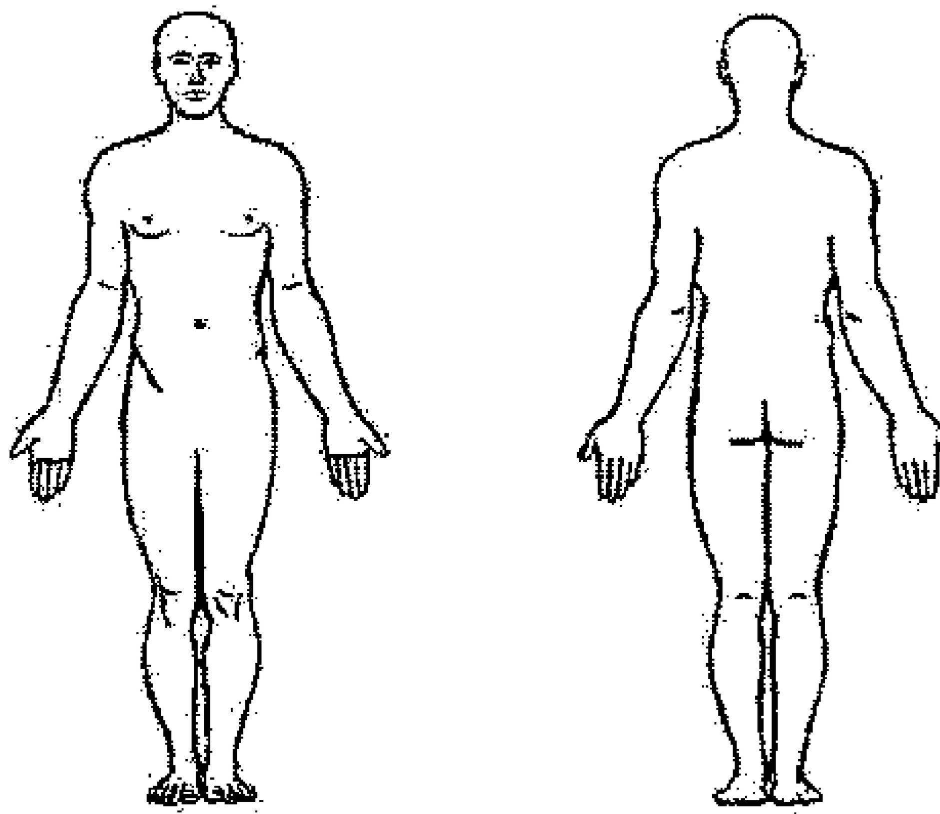
- ☐ Breast Pain / Lumps
- ☐ Menstrual Cramping
- ☐ Menstrual Irregularity
- ☐ Vaginal Pain / Infections
- ☐ Prostate / Sexual Dysfunction
- ☐ Genital Herpes

FEMALES ONLY:

When was your last period? ________

Are you pregnant?

- ☐ Yes
- ☐ No
- ☐ Maybe



Please outline on the diagram the area of your discomfort.