



Family Chiropractic Complex

Case History

Patient Questionnaire (Before Treatment)

1. Are you wearing a pacemaker? _____
2. Where is the pain located? _____
3. On a scale of 1 to 10, what type of pain level are you at right now? _____
4. Are you limited in the type and amount of activities that you normally perform?

5. When did your pain start? _____
6. Is there an increase or decrease of pain at any time? _____

7. Have you had any surgery in the last year? _____
If so, what type? _____
8. Do you experience numbness or weakness in any extremity? _____

9. Do you have any bowel, bladder or sexual dysfunction? _____

10. Have you had any spinal injuries? _____
11. Have you had any spinal surgery? _____
12. Have you had any diagnostic study within 2 years? (MRI, CT scan, etc.) _____
Where was this done? _____
13. Have you had any spinal anesthetic? _____
14. Have you had any trigger point injections? _____
15. Do you have a family history of back problems? _____

16. Do you have any personal history of cancer? _____

17. What do you expect from treatment? _____

18. Your email address _____

***A note to our patients. We will on occasion send out a newsletter with pertinent information and helpful tips about keeping your back in tip top shape. If you would like to receive this information via your email inbox, please check this box.**

Our promise to you. We will NEVER sell or share your email address with ANYONE!