



Chiropractic Health Questionnaire

Name _____ Home Phone _____
 Address _____ Cell Phone _____
 City, State, Zip _____ Email _____
 Circle Male/Female Age _____ Birth date _____ SS# _____
 Occupation _____ Employer _____ Work Phone _____
 Employer Address _____

Marital Status: M W D S Spouse Name _____ No. Of Children _____

Welcome to our office!

It is well known that families who maintain strong healthy, well-aligned spines have much improved health. People whose spines are not kept in proper alignment are much more likely to develop health disorders later in life such as arthritis, illness, pain, heart attacks, strokes, even cancer.

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1. Most patients are referred to our office by a caring family member or friend. What made you decide to visit our office? Friend/Family Member Name: _____
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 a 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
8. Stress can cause or accelerate spinal damage. Rate you stress level over the last 90 days Low – 1 2 3 4 5 6 7 8 9 10 – High
9. Primary Care Physician Name and City _____
10. Please circle or list any health symptoms or health complaints you are experiencing.
 Neck Pain L/R Allergies Thyroid Constipation Cancer
 Back Pain L/R Asthma Diabetes I/II Menstrual Pain Headaches/Migraines
 Arm Pain/Numbness L/R Leg Pain L/R
11. 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. _____ (Use back if necessary)
12. List any surgeries you have had. _____
13. Daily trauma, auto accidents, and work injuries can cause serious spinal problems. When was your most recent injury at home? _____ car accident? _____ slip or fall? _____
14. Spinal Health is especially important during pregnancy. Is there any chance that you are pregnant? Yes No
15. Do you smoke? Yes No 16. Sleeping position: Back Stomach Side L/R
17. Exercise level Low – 1 2 3 4 5 6 7 8 9 10 – High 18. Right Handed/ Left Handed
19. Vitamins/Supplements Yes No
20. If the doctor recommends Chiropractic Care to help you, are you willing to follow his recommendations completely? Yes No

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

Signature: _____ Date: _____

Health Questionnaire