

# HEALTH QUESTIONNAIRE

PLEASE CHECK MARK EACH OF THE CONDITIONS BELOW THAT APPLY (PRESENTLY OR IN THE PAST)

Date \_\_\_\_\_

Patient \_\_\_\_\_ No. \_\_\_\_\_

## MUSCULOSKELETAL SYSTEM

- Low back pain
- Mid back pain
- Pain between shoulders
- Neck pain
- Arm problems
- Leg problems
- Swollen joints
- Painful joints
- Stiff joints
- Sore muscles
- Walking problems
- Spasms
- Broken bones
- Shoulder pain

## URINARY SYSTEM

- Bladder trouble
- Excessive/Decreased urination
- Discolored urine

## FEMALE

- Vaginal discharge
- Vaginal bleeding
- Vaginal pain
- Breast pain
- Lumps on the breast

### ARE YOU PREGNANT?

YES  NO

DATE OF LAST  
MENSTRUAL CYCLE

## GASTROINTESTINAL SYSTEM

- Poor appetite
- Excessive hunger
- Difficulty chewing
- Difficulty swallowing
- Excessive thirst
- Nausea
- Vomiting blood
- Abdominal pain
- Diarrhea
- Constipation
- Black stool
- Bloody stool
- Hemorrhoids
- Liver trouble
- Gall bladder problems
- Weight trouble

## NERVOUS SYSTEM

- Numbness/Tingling
- Loss of feeling
- Paralysis
- Dizziness
- Fainting
- Headaches
- Muscle jerking
- Convulsions
- Forgetfulness
- Confusion
- Depression
- Insomnia

## HABITS

- Cigarettes
- Alcohol abuse
- Coffee or Tea
- Exercise
- Drug abuse

Other \_\_\_\_\_

## CARDIOVASCULAR AND RESPIRATORY

- Chest pain
- Pain over heart
- Difficult breathing
- Persistent coughing
- Coughing phlegm
- Coughing blood
- Rapid heartbeat
- Blood pressure problems
- Heart problems
- Lung problems
- Varicose veins

## EYE, EAR, NOSE AND THROAT

- Eye strain
- Eye inflammation
- Vision problems
- Ear pain
- Ear noises
- Ear discharge
- Hearing loss
- Nose pain
- Nose bleeding
- Nose discharge
- Difficult breathing through nose
- Sore gums
- Dental problems
- Sore mouth
- Sore throat
- Hoarseness
- Difficult speech
- Sinus
- Allergy
- Jaw pain

PLEASE LIST ALL MEDICATIONS YOU ARE CURRENTLY TAKING (PRESCRIBED OR OVER THE COUNTER)

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Patient's Signature \_\_\_\_\_