

HEALTH QUESTIONNAIRE

PLEASE CHECK MARK EACH OF THE CONDITIONS BELOW THAT YOU ARE CURRENTLY EXPERIENCING

Patient: _____

MUSCULO SKELETAL SYSTEM

- Low Back Pain
- Mid Back Pain
- Pain Between Shoulders
- Neck Pain
- Arm Problems
- Leg Problems
- Swollen Joints
- Painful Joints
- Stiff Joints
- Sore Muscles
- Weak Muscles
- Walking Problems
- Spasms
- Broken Bones
- Shoulder Pain

GENITO-URINARY SYSTEM

- Bladder Trouble
- Excessive Urination
- Scanty Urination
- Painful Urination
- Discolored Urine

FEMALE

- Vaginal Discharge
- Vaginal Bleeding
- Vaginal Pain
- Breast Pain
- Lumps on the Breast

ARE YOU PREGNANT?

- YES NO

GASTRO-INTESTINAL SYSTEM

- Poor Appetite
- Excessive Hunger
- Difficult Chewing
- Difficult Swallowing
- Excessive Thirst
- Nausea
- Vomiting Blood
- Abdominal Pain
- Diarrhea
- Constipation
- Black Stool
- Bloody Stool
- Hemorrhoids
- Liver Trouble
- Gall Bladder Problems
- Weight Trouble

CARDIO-VASCULAR RESPIRATORY

- Chest Pain
- Pain over Heart
- Difficult Breathing
- Persistent Cough
- 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

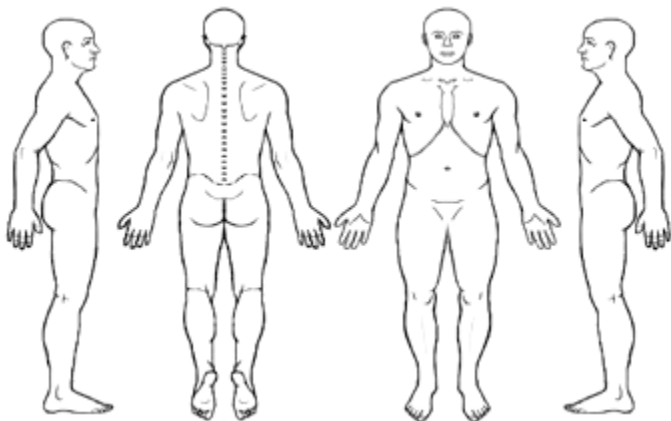
NERVOUS SYSTEM

- Numbness
- Loss of Feeling
- Paralysis
- Dizziness
- Fainting
- Headaches
- Muscles Jerking
- Convulsions
- Forgetfulness
- Confusion
- Depression
- Insomnia

HABITS

- Cigarettes
- Alcohol Abuse
- Coffee or Tea
- Drug Abuse
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SYMPTOM LOCALIZATION



N _____ Numb

S _____ Spasm

H _____ Hypoesthesia

Pain Index

Least 1 2 3 4 5 6 7 8 9 10 Worst

Patient's Signature _____

..... DO NOT WRITE BELOW THIS LINE

Patient Accepted? YES NO

Doctor's Signature _____