

Lifeline Chiropractic Health Questionnaire

Age 18 and above

Today's Date: _____

Name: _____ Sex: _____ Birth Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Social Security Number : _____

Occupation: _____ Employed By: _____

Marital Status: (Circle one) single married divorced widowed

Number and ages of children: _____

What health concerns brought you to our office?

What other doctors have you consulted for these conditions?

| | Name of doctor | Phone# | Diagnosis |
|----|----------------|--------|-----------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |

How did you hear about our office? _____

Have you ever been to a doctor of chiropractic? _____

Please rate your stress level: 1 2 3 4 5 6 7 8 9 10
 Low High

Do you feel that spinal structure can affect your health? : _____