





# Adirondack Family Chiropractic

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Health History Questionnaire

**1. GENERAL SYMPTOMS:** Circle ALL letters/numbers that apply OR if this section does not apply to your health history, check here \_\_\_\_\_ and go to the next section.

A: Nervousness/Irritable (799.2)      B: Fatigue (780.79)      C: Stress (308.9)      D: PMS (625.4)  
E: Loss of Sleep (780.52)      F: Jaw Pain (524.60)      G: Other \_\_\_\_\_  
H: Other \_\_\_\_\_      I: Other \_\_\_\_\_      J: Other \_\_\_\_\_

**2. HEAD:** Circle ALL letters/numbers that apply OR if this section does not apply to your health history, check here \_\_\_\_\_ and go to the next section.

A: Tension (307.81)      B: Migraine (346.1)      C: Cluster (346.2)      D: Allergic (346.2)  
E: Menopausal (627.2)      F: Facial Pain (784.0)      G: Other \_\_\_\_\_

**3. NECK:** Circle ALL letters and numbers that apply OR if this section does not apply to your health history, check here \_\_\_\_\_ and go to the next section.

A: Pain (723.1)      1) Left side      2) Right side      3) Both  
B: Pain Level      1) Mild      2) Moderate      3) Severe  
C: Pain increased by      1) Forward movement      2) Backward movement  
3) Turning right      4) Turning left      5) Bending right      6) Bending left  
D: Stiffness      E: Muscle spasm (728.85)      F: Radiating pain into arm (723.4)  
G: Radiating pain into head (723.2)      H: Disc Bulge (722.0)  
I: Disc Herniation (722.0)      J: Disc Degeneration (722.4)  
K: Osteoarthritis (721.0)      L: Muscle pain (729.1)  
M: Muscle inflammation (729.4)      N: Whiplash (847.0)  
O: Sprain/Strain (847.0)      P: Torticollis (723.5)  
Q: Other \_\_\_\_\_

**4. MID BACK:** Circle ALL letters and numbers that apply OR if this section does not apply to your health history, check here \_\_\_\_\_ and go to the next section.

A: Pain (724.1)      1) Left side      2) Right side      3) Both  
B: Pain Level      1) Mild      2) Moderate      3) Severe  
C: Pain increased by      1) Forward movement      2) Backward movement  
3) Turning right      4) Turning left      5) Bending right      6) Bending left  
D: Stiffness      E: Muscle spasm (728.85)      F: Radiating pain into arms/legs (724.4)  
G: Radiating pain into head (724.4)      H: Disc Bulge (722.11)  
I: Disc Herniation (722.11)      J: Disc Degeneration (722.51)  
K: Osteoarthritis (721.2)      L: Muscle pain (729.1)  
M: Muscle inflammation (729.4)      N: Sprain/Strain (847.1)  
O: Other \_\_\_\_\_

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**5. LOW BACK:** Circle ALL letters and numbers that apply OR if this section does not apply to your health history, check here \_\_\_\_\_ and go to the next section.

- |                                       |                          |  |                 |
|---------------------------------------|--------------------------|--|-----------------|
| A: Pain (724.2)                       | 1) Left side             | 2) Right side                            | 3) Both         |
| B: Pain Level                         | 1) Mild                  | 2) Moderate                              | 3) Severe       |
| C: Pain increased by                  | 1) Forward movement      | 2) Backward movement                     |                 |
| 3) Turning right                      | 4) Turning left          | 5) Bending right                         | 6) Bending left |
| D: Stiffness                          | E: Muscle spasm (728.85) | F: Radiating pain leg(s) (724.4)         |                 |
| G: Disc Bulge (722.10)                |                          | H: Disc Herniation (722.10)              |                 |
| I: Disc Degeneration (722.52)         |                          | J: Osteoarthritis (721.3)                |                 |
| K: Muscle pain (729.1)                |                          | L: Muscle inflammation (729.4)           |                 |
| M: Sprain/Strain (847.2)              |                          | N: Sciatica (724.3)                      |                 |
| O: Stenosis (724.02)                  |                          | P: Congenital Spondylolisthesis (756.12) |                 |
| Q: Acquired Spondylolisthesis (738.4) |                          | R: Other _____                           |                 |

**6. SHOULDER:** Circle ALL letters and numbers that apply OR if this section does not apply to your health history, check here \_\_\_\_\_ and go to the next section.

- |                                   |              |               |         |
|-----------------------------------|--------------|---------------|---------|
| A: Pain (719.41)                  | 1) Left side | 2) Right side | 3) Both |
| B: Stiffness (719.51)             | 1) Left side | 2) Right side | 3) Both |
| C: Osteoarthritis (715.11)        | 1) Left side | 2) Right side | 3) Both |
| D: Frozen shoulder (726.0)        | 1) Left side | 2) Right side | 3) Both |
| E: Rotator cuff syndrome (726.10) | 1) Left side | 2) Right side | 3) Both |
| F: Other _____                    |              |               |         |

**7. ARM:** Circle ALL letters and numbers that apply OR if this section does not apply to your health history, check here \_\_\_\_\_ and go to the next section.

- |                              |              |               |         |
|------------------------------|--------------|---------------|---------|
| A: Pain (719.42)             | 1) Left side | 2) Right side | 3) Both |
| B: Stiffness (719.52)        | 1) Left side | 2) Right side | 3) Both |
| C: Osteoarthritis (715.12)   | 1) Left side | 2) Right side | 3) Both |
| D: Numbness/Tingling (782.0) | 1) Left side | 2) Right side | 3) Both |
| E: Other _____               |              |               |         |

**8. ELBOW:** Circle ALL letters and numbers that apply OR if this section does not apply to your health history, check here \_\_\_\_\_ and go to the next section.

- |                              |              |               |         |
|------------------------------|--------------|---------------|---------|
| A: Pain (719.43)             | 1) Left side | 2) Right side | 3) Both |
| B: Stiffness (719.53)        | 1) Left side | 2) Right side | 3) Both |
| C: Osteoarthritis (715.13)   | 1) Left side | 2) Right side | 3) Both |
| D: Tennis elbow (726.32)     | 1) Left side | 2) Right side | 3) Both |
| E: Numbness/Tingling (782.0) | 1) Left side | 2) Right side | 3) Both |
| F: Other _____               |              |               |         |

**9. WRIST:** Circle ALL letters and numbers that apply OR if this section does not apply to your health history, check here \_\_\_\_\_ and go to the next section.

- |                                   |              |               |         |
|-----------------------------------|--------------|---------------|---------|
| A: Pain (719.44)                  | 1) Left side | 2) Right side | 3) Both |
| B: Stiffness (719.54)             | 1) Left side | 2) Right side | 3) Both |
| C: Osteoarthritis (715.14)        | 1) Left side | 2) Right side | 3) Both |
| D: Carpal tunnel syndrome (354.0) | 1) Left side | 2) Right side | 3) Both |
| E: Other _____                    |              |               |         |

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**10. HAND:** Circle ALL letters and numbers that apply OR if this section does not apply to your health history, check here \_\_\_\_\_ and go to the next section.

A: Pain (719.44)	1) Left side	2) Right side	3) Both
B: Stiffness (719.54)	1) Left side	2) Right side	3) Both
C: Osteoarthritis (715.14)	1) Left side	2) Right side	3) Both
D: Carpal tunnel syndrome (354.0)	1) Left side	2) Right side	3) Both
E: Other _____			

**11. THIGH/HIP:** Circle ALL letters and numbers that apply OR if this section does not apply to your health history, check here \_\_\_\_\_ and go to the next section.

A: Pain (719.45)	1) Left side	2) Right side	3) Both
B: Stiffness (719.55)	1) Left side	2) Right side	3) Both
C: Osteoarthritis (715.15)	1) Left side	2) Right side	3) Both
D: Other _____			

**12. LEG:** Circle ALL letters and numbers that apply OR if this section does not apply to your health history, check here \_\_\_\_\_ and go to the next section.

A: Pain (719.46)	1) Left side	2) Right side	3) Both
B: Stiffness (719.56)	1) Left side	2) Right side	3) Both
C: Osteoarthritis (715.16)	1) Left side	2) Right side	3) Both
D: Other _____			

**13. ANKLE:** Circle ALL letters and numbers that apply OR if this section does not apply to your health history, check here \_\_\_\_\_ and go to the next section.

A: Pain (719.47)	1) Left side	2) Right side	3) Both
B: Stiffness (719.57)	1) Left side	2) Right side	3) Both
C: Osteoarthritis (715.17)	1) Left side	2) Right side	3) Both
D: Other _____			

**14. FOOT:** Circle ALL letters and numbers that apply OR if this section does not apply to your health history, check here \_\_\_\_\_ and go to the next section.

A: Pain (719.47)	1) Left side	2) Right side	3) Both
B: Stiffness (719.57)	1) Left side	2) Right side	3) Both
C: Osteoarthritis (715.17)	1) Left side	2) Right side	3) Both
D: Other _____			

