PATIENT HEALTH QUESTIONNAIRE

Name:_____ Date:_____

Height: _____ Weight (lbs.): _____

Please check the conditions you are experiencing and those you have experienced in the past.

Present	Past		Present	Past	
_____	_____	Headache	_____	_____	Poor Circulation
_____	_____	Fainting	_____	_____	Difficulty with Urination
_____	_____	Dizziness	_____	_____	Prostate Trouble (Men)
_____	_____	Convulsions	_____	_____	Kidney Stones
_____	_____	Allergies	_____	_____	Bowel Trouble
_____	_____	Ringing in the Ears	_____	_____	Difficult Digestion
_____	_____	Blurred Vision	_____	_____	Heartburn
_____	_____	Chest Pain	_____	_____	Nausea
_____	_____	Difficulty Breathing	_____	_____	Neck Pain
_____	_____	High Blood Pressure	_____	_____	Back Pain
_____	_____	Swelling of the Ankles	_____	_____	Pain Radiating to Arms / Legs
_____	_____	Weakness of Hands or Arms	_____	_____	Weakness of Legs or Feet
_____	_____	Numbness or tingling in Arms	_____	_____	Numbness or tingling in Legs
_____	_____	Joint Pain of Hands or Arms	_____	_____	Joint Pain of Legs or Feet
_____	_____	Arthritis of any Joint	Please Specify: _____		

Date of last menstrual cycle [women only - required for X-Rays]: mm____ dd ____ yyyy _____

Are you on birth control pills [women]	☐Yes	☐No	
Any problems with your menstrual cycle [women]	☐Yes	☐No	
Do you smoke?	☐Yes	☐No	# per day _____
Do you drink alcohol?	☐Yes	☐No	# per day _____

Have you ever been told you have any disease? [Syndrome] Ex: Diabetes, Fibromyalgia etc.

_____

Have you had any form of cancer? _____

Any family history of cancer? _____

Are you physically active? _____

Does your job require physical activity?_____

Do others in your workplace have similar problems?_____

Are there spinal or neurological troubles in your family? _____

List any medications you are presently taking, or have taken in the past 3 months:

_____

List all prior surgeries, if any:

_____

List all prior accidents, falls, or broken bones, if any:

_____

What is your purpose for coming to this office?

☐ Pain Relief Only ☐ Correction of Underlying Conditions ☐ To be Healthier