

## Hill Chiropractic Health Questionnaire

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Male/Female

Age: \_\_\_\_\_ SS#: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Martial Status: M W D S Spouse Name: \_\_\_\_\_

Number of Children: \_\_\_\_\_ Name of Children: \_\_\_\_\_

Insured's Name (if other than self): \_\_\_\_\_ Birth date(insured): \_\_\_/\_\_\_/\_\_\_

Many patients are referred to our office by a family member or friend. **What or who made you decide to visit our office?** \_\_\_\_\_

*Science tells us your spine like your teeth need to be cared for regularly.*

**How often do you get adjusted by your chiropractor?** Frequently/ Only when you hurt / 1x a month / Never

**When was your last complete spinal examination including x-rays?** \_\_\_\_\_  Never

**Do you know if you have a spinal curvature**  Yes  No Spinal Arthritis  or inherited spinal problems

*Over time spinal misalignments will cause arthritis and degeneration, which results in grinding or cracking to be heard when you move your neck or back as well as, loss of nerve health.*

**Do you hear these sounds when you move your head or neck?**

YES  NO

If your spine is out of alignment for a long time it can make you feel like you need to twist, stretch, or crack your neck or back. **Do you often feel the need to crack or pop your neck or lower back?**  YES  NO

**Poor posture leads to poor health and early death. How would you rate your posture?**

Poor 1 2 3 4 5 6 7 8 9 10 Excellent

**Stress causes your spine to misalign and accelerates spinal damage. Rate your stress level over the last 3 months.**

None 1 2 3 4 5 6 7 8 9 10 Intense

**Please circle or list any health symptoms or health complaints you are experiencing.**

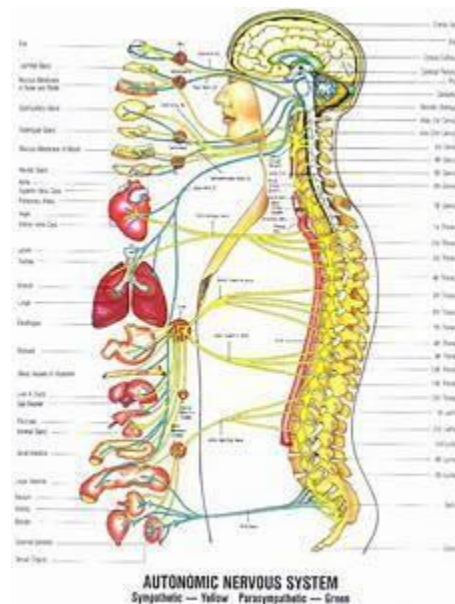
Neck pain L/R      Leg pain L/R      Heart Disease

Mid-back pain      Asthma      Cancer

Thyroid      Allergies: \_\_\_\_\_

Low-back pain      Headaches/Migraines      Constipation

Arm-pain/Numbness L/R      Diabetes I/II      Menstrual pain



**Prescription medications cause various side effects which hide the severity of health problems and hinder the body's ability to heal. What medications are you currently taking? (use back if necessary or give us a list)**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

Please list any surgeries you have had. \_\_\_\_\_

Do you smoke?  YES  NO

Spinal health is vitally important to ensure you and your baby are healthy. Is there a chance you are pregnant?  
] YES  NO

Daily trauma, auto accident(s), and work injuries can cause misalignment of vertebrae and serious spinal problems. When was your most recent injury at home? \_\_\_\_\_  
Car accident? \_\_\_\_\_ Slip or fall? \_\_\_\_\_

Improper sleeping positions can cause spinal misalignment and spinal damage. What sleeping position do you sleep in:

] Back  Stomach  R Side  L Side

Exercise level: Never 1 2 3 4 5 6 7 8 9 10 Often      Are you  Right Handed  Left Handed

Please list vitamins/supplements you take: \_\_\_\_\_

If the doctor identifies your spine to be misaligned, are you committed to follow the recommendations to correct your problem completely?     YES  NO

The above information is true and accurate to the best of my knowledge.

Patient Signature (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

### **INSURANCE INFORMATION**

I understand and agree that health and accident policies are an agreement between an insurance carrier and myself. Furthermore, I understand that this Chiropractic Office will prepare any necessary reports and forms to assist me in making collection from the insurance company and that any amount authorized to be paid directly to this Chiropractic Office will be credited to my account upon receipt. However, I clearly understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I also understand that if I suspend or terminate my care and treatment, any fees for professional services rendered to me will be immediately due and payable.

Patient Signature: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

### **CONSENT OF PROFESSIONAL SERVICES AND RELEASE OF INFORMATION**

I hereby authorize the doctor and whomever he may designate as his assistants to administer treatment, physical examination, X-ray studies, laboratory procedures, chiropractic care or any clinic services that he/she deems necessary in any case; and I further authorize him/her to disclose all or any part of my(patient's) record to any person or corporation which is or may be liable under a contract to the clinic or to the patient or to a family member or employer of the patient for all or part of the clinic's charges, including, and not limited to, hospital or medical service companies, insurance companies, workers compensation carriers, welfare funds, or the patient's employer.

Patient Signature: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

**Hill Chiropractic Health Form**

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

1. When your spine is misaligned or subluxated, the bone or vertebrae will cause pressure on the nerves leading to spinal damage and health problems. Tell me what specific health challenge brought you in today? \_\_\_\_\_  
\_\_\_\_\_
2. When your spine is twisted or subluxated for many years, spinal disease will develop leading to serious health problems, which in time can lead to symptoms. When did you first begin to notice your body and health starting to breakdown or not function normally? Date of onset: \_\_\_\_\_ -or- # of months/years \_\_\_\_\_.
3. Although the spine can be misaligned and diseased for years, symptoms are always the last stage of the problem and indicate there is a significant concern. Do you remember having these health challenges or problems before? Prior date of issues: \_\_\_\_\_ -or- number of months/years \_\_\_\_\_
4. When vertebrae are misaligned and diseased your spine becomes weaker throughout the day. When do you notice your body or spinal health to be at its worst? Morning/ Mid-day/ Evening/ Bedtime
5. When your vertebrae are subluxated and your nerves are damaged your body does not function the way it should. What activities do you have issues with due to your condition? i.e. stairs, washing, walking, cooking etc \_\_\_\_\_

**Skip- if not symptomatic patient**

6. When your nerves are being pressed on by subluxation, your body becomes sick and diseased leading to discomfort. How would you describe your spinal discomfort when it's at its worst? \_\_\_\_\_

**Skip- if not symptomatic patient**

7. Some positions may help relieve spinal nerve pressure and subluxation, what positions, are most comfortable for you?  
Sitting / Standing / Lying Down / Walking
8. Subluxations or misalignments are almost always the result of stresses to your spine that exceed what your body can correct or heal on its own. When was your most recent car accident, slip –or- fall; injury as a child?  
Year \_\_\_\_\_ Year \_\_\_\_\_ Year \_\_\_\_\_  
Year \_\_\_\_\_ Year \_\_\_\_\_ Year \_\_\_\_\_
9. Subluxations often occur first with birth trauma. Do you know if you had any challenges with your birth? i.e breech, forceps, vacuum suction, induced
10. Could it be possible –or- are you pregnant? Y / N

**Hill Chiropractic**  
**1751 W. 33rd St. Suite 130, Edmond, Ok 73013**

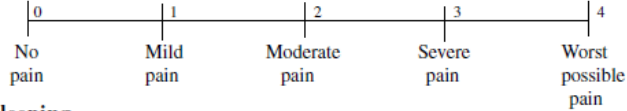
[www.drweshill.com](http://www.drweshill.com)  
(405)341-9885

# Functional Rating Index

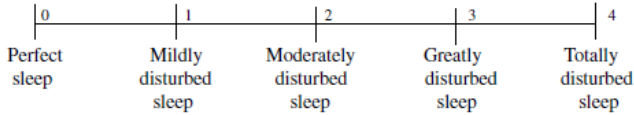
For use with Neck and/or Back Problems only.

In order to properly assess your condition, we must understand how much your neck and/or back problems have affected your ability to manage everyday activities. For each item below, please circle the number which most closely describes your condition right now.

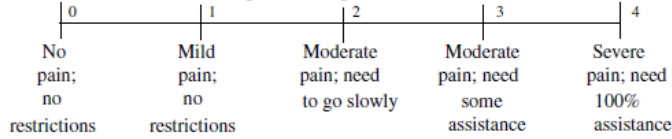
## 1. Pain Intensity



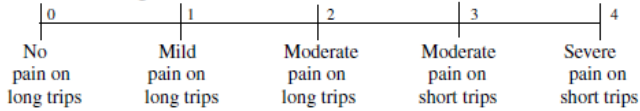
## 2. Sleeping



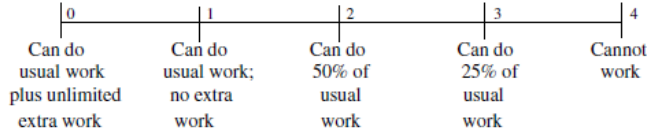
## 3. Personal Care (washing, dressing, etc.)



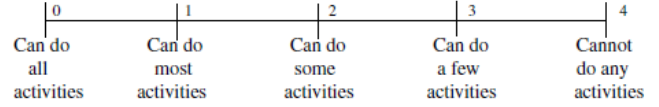
## 4. Travel (driving, etc.)



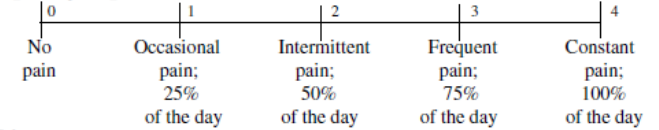
## 5. Work



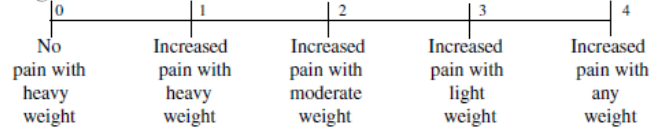
## 6. Recreation



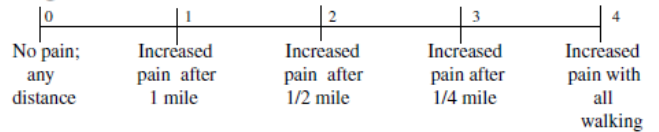
## 7. Frequency of pain



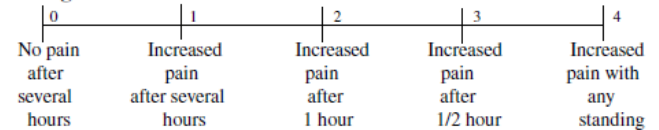
## 8. Lifting



## 9. Walking



## 10. Standing



Name \_\_\_\_\_

PRINTED

Total Score \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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