

Health Questionnaire

Please check each of the conditions below that you are *currently* experiencing.

Patient Name: _____

Date: _____

MUSCULO-SKETAL 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
- Diarrhea
- Constipation
- Black stool
- Bloody stool
- Hemorrhoids
- Liver trouble
- Gall bladder problems
- Weight trouble

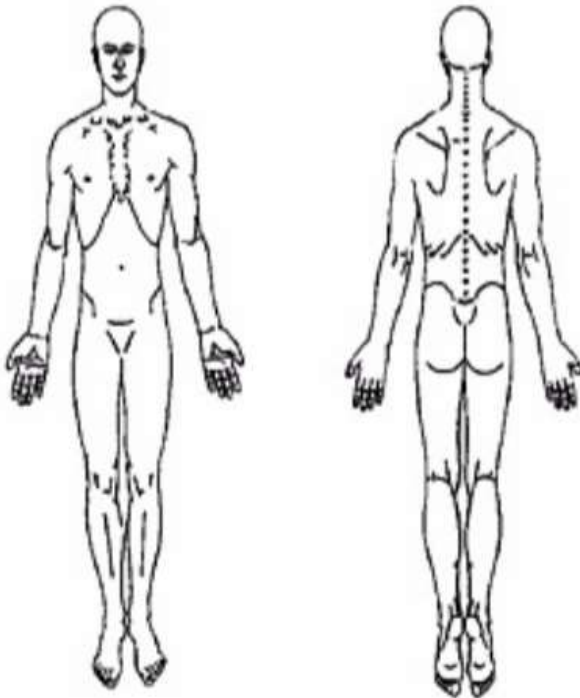
CARDIO-VASCULAR SYSTEM

- 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 & 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 problems
- Allergy
- Jaw pain

SYMPTOM LOCALIZATION



NERVOUS SYSTEM

- Numbness
- Loss of feeling
- Paralysis
- Dizziness
- Fainting
- Headaches
- Muscles jerking
- Convulsions
- Forgetfulness
- Confusion
- Depression
- Insomnia
- Seizures

Please use the corresponding letter to indicate on the diagram where you are feeling the following:

P – Pain

S – Spasm

H – Hypoesthesia

N – Numbness

T – Tender

PAIN INDEX

LEAST 1 2 3 4 5 6 7 8 9 10 WORST

Patient Signature: _____

