



Family Chiropractic Complex

Case History

Patient Questionnaire (Before Treatment)

1. Are you wearing a pacemaker? _____
2. Where is the pain located? _____
3. On a scale of 1 to 10, what type of pain level are you at right now? _____
4. Are you limited in the type and amount of activities that you normally perform?

5. When did your pain start? _____
6. Is there an increase or decrease of pain at any time? _____

7. Have you had any surgery in the last year? _____
If so, what type? _____
8. Do you experience numbness or weakness in any extremity? _____

9. Do you have any bowel, bladder or sexual dysfunction? _____

10. Have you had any spinal injuries? _____
11. Have you had any spinal surgery? _____
12. Have you had any diagnostic study within 2 years? (MRI, CT scan, etc.) _____
Where was this done? _____
13. Have you had any spinal anesthetic? _____
14. Have you had any trigger point injections? _____
15. Do you have a family history of back problems? _____
