

COMPREHENSIVE HEALTH QUESTIONNAIRE

Please check all conditions you are currently experiencing

- Musculo-Skeletal**
- Low back pain R L
 - Mid back pain
 - Pain between shoulders
 - Neck pain
 - Arm pain R L
 - Leg pain R L
 - Swollen joints
 - Painful joints
 - Stiff joints
 - Sore muscles
 - Weak muscles
 - Walking problems
 - Muscle spasms
 - Broken bones
 - Shoulder pain R L
 - Hip pain R L
 - Knee pain R L
 - Ankle pain R L
 - Foot pain R L

- Genito-Urinary**
- Bladder trouble
 - Excessive urination
 - Intermittent urination
 - Painful urination
 - Discolored urine

- Female**
- Vaginal discharge
 - Vaginal bleeding
 - Vaginal pain
 - Pain with intercourse
 - Breast pain
 - Breast lumps
 - Currently Pregnant

- Gastro-Intestinal**
- Poor appetite
 - Excessive hunger
 - Difficulty chewing
 - Difficulty swallowing
 - Excessive thirst
 - Nausea
 - Vomiting blood
 - Abdominal pain
 - Diarrhea
 - Constipation
 - Black stool
 - Bloody stool
 - Hemorrhoids
 - Liver trouble
 - Gallbladder trouble
 - Weight trouble

- Nervous System**
- Numbness
 - Loss of feeling
 - Paralysis
 - Dizziness
 - Fainting
 - Headaches
 - Muscle spasms
 - Convulsions
 - Forgetfulness
 - Confusion
 - Depression
 - Insomnia

- Habits**
- Smoking
 - Alcohol Consumption
 - Coffee
 - Recreational Drugs

- Cardio-Vascular**
- Chest pain
 - Pain over heart
 - Labored breathing
 - Persistent cough
 - Coughing phlegm
 - Coughing blood
 - Rapid heartbeat
 - Blood pressure problems
 - Heart problems
 - Lung problems
 - Varicose veins

- Eye, Ear, Nose and Throat**
- Eye strain
 - Eye inflammation
 - Vision problems
 - Ear pain
 - Ringing in ears
 - Ear discharge
 - Hearing loss
 - Nose pain
 - Nose bleeding
 - Nose discharge
 - Clogged nasal paths
 - Sore gums
 - Dental problems
 - Sore mouth
 - Sore Throat
 - Hoarseness
 - Difficult speech
 - Sinus inflammation
 - Allergies
 - Jaw pain

Patient's Signature _____ Date _____

For Office Use Only

Patient Accepted Y N

Doctor's Signature _____