



ROWE CHIROPRACTIC OFFICES

Health History Questionnaire

*“Our Purpose is to Educate and Adjust as Many Families as Possible
Toward Optimal Health Through Natural Chiropractic Care ...”*

ALL ARE FIELDS REQUIRED

NAME _____ HOME PHONE () _____

ADDRESS _____ WORK PHONE () _____

CITY, STATE, ZIP _____ E-MAIL _____

BIRTHDATE _____ AGE _____ SEX M F SS# _____

EMPLOYER _____ OCCUPATION _____

MARITAL STATUS **M S D W** SPOUSE'S NAME AND AGE _____
CIRCLE ONE

CHILDREN'S NAMES AND AGES 1. _____ 2. _____
3. _____ 4. _____

Rowe Chiropractic Offices (RCO) work as a team to provide you with exceptional service, **which doctor were you referred to see ?**

Dr. David J. Rowe Dr. Martin Rowe Dr. Jose L. Cortes Dr. C. Edmund Shockey II

Dr. Tetsuya Egawa Dr. Robert Cummins

1. Most of our patients are referred to our office by a caring family member or friend. What made you decide to visit our office? FRIEND / FAMILY MEMBER NAME _____

Website Sign Presentation E-Mail Yellow Pages Screening Telephone Call

2. Research shows that your spine should be checked regularly. How many times have you visited a chiropractor in your lifetime? _____ NEVER

3. When was your last spinal examination including x-rays? _____ NEVER

4. Have you ever been told that you have vertebral subluxations, spinal curvature, spinal arthritis, or inherited spinal problem? NO YES Please Explain _____

5. Subluxation or spinal misalignment cause decay and degeneration which result in grinding or cracking. Do you ever hear noises when you move your head, neck, low back or hips? NO YES

6. Spinal misalignments or subluxations can make you feel like you need to twist, stretch or crack your neck and back. Do you ever feel the need to “crack and pop” your neck or lower spine? NO YES

Continued on next page ...





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7. Poor posture leads to poor health, and often indicates a spinal problem. How would you rate your posture?

POOR 1 2 3 4 5 6 7 8 9 EXCELLENT

8. Stress can cause or accelerate spinal damage. Rate your stress level over the last 90 days.

LOW 1 2 3 4 5 6 7 8 9 HIGH

9. Chiropractic care is for optimal health and healing. However, most of our patients first seek our help when in a health crisis. What health concerns or crisis brought you to our office?

1. _____ 2. _____ 3. _____

10. Prescription medications may cause various side effects, hide the severity of health problems, and hinder the body's ability to heal. What medications are you currently taking?

11. Auto and work related injuries can cause serious spinal problems (even if not reported). When was your last auto accident?

12. Spinal health is especially important during pregnancy. Is there any chance you are pregnant? YES NO

13. If the doctor feels that chiropractic care will help you, are you willing to follow his recommendations? YES NO

14. Although most health insurance is for emergency care rather than health care, many companies offer chiropractic benefits. Do you have insurance that you believe will contribute to your chiropractic expenses? YES NO

Name of Company _____

15. Many people with spinal problems experience health crises before seeking chiropractic care. Have you had any major hospitalizations or surgeries that the doctor should know about? YES NO If YES, please explain: _____

To the best of my knowledge, all the above mentioned information is true, complete and accurate.

X _____

PATIENT SIGNATURE

DATE



Below is a list diseases that may seem unrelated to the purposes of your appointment. However, these questions must be answered carefully as these problems can affect your overall course of chiropractic care.

CHECK ANY OF THE FOLLOWING DISEASES YOU HAVE HAD:

- | | | |
|--|--|---|
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Mumps | <input type="checkbox"/> Influenza |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Small Pox | <input type="checkbox"/> Pleurisy |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Cancer | <input type="checkbox"/> Mental disorders |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Lumbago |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Thyroid | <input type="checkbox"/> Eczema |

INTAKE:

- Coffee
- Tea
- Alcohol
- Cigarettes
- White Sugar

CHECK ANY OF THE FOLLOWING DISEASES YOU HAVE HAD IN THE PAST 6 MONTHS:

MUSCULOSKELETAL CODE

- Low Back Pain
- Leg Pain
- Pain Between Shoulders
- Neck Pain
- Arm Pain
- Joint Pain/Stiffness
- Walking Problems
- Difficulty Chewing/Clicking Jaw
- General Stiffness

- Gas/Bloating after Meals
- Heartburn
- Unusual Bowel Sounds
- Black/Bloody Stools
- Colitis

- Prostate Sexual Dysfunction
- Other Problems

GENITO-URINARY CODE

- Bladder Trouble
- Painful/Excessive Urination
- Discolored Urine

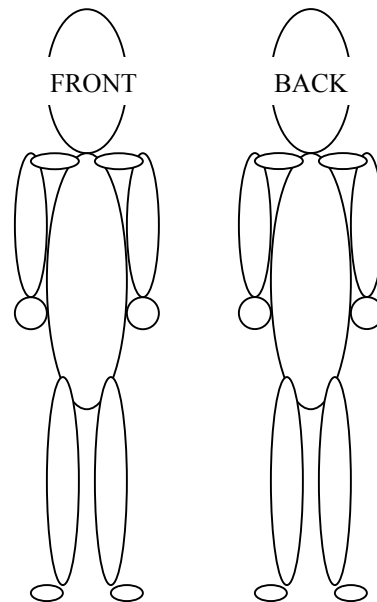
Please outline on the diagram any areas of your discomfort

NERVOUS SYSTEM CODE

- Nervous
- Numbness
- Paralysis
- Dizziness
- Forgetfulness
- Confusion/Depression
- Fainting
- Convulsions
- Cold/Tingling Extremities
- Stress

CARDIOVASCULAR CODE

- Chest Pain
- Short Breath
- Blood Pressure Problems
- Irregular Heartbeat
- Heart Programs
- Lung Problems/Congestion
- Varicose Veins
- Ankle Swelling
- Stroke



GENERAL CODE

- Fatigue
- Allergies
- Loss of Sleep
- Fever
- Headaches

EENT CODE

- Vision Problems
- Dental Problems
- Sore Throat
- Earaches
- Hearing Difficulty
- Stuffed Nose

GASTROINTESTINAL CODE

- Poor/Excessive Appetite
- Excessive Thirst
- Frequent Nausea
- Vomiting
- Diarrhea
- Constipation
- Hemorrhoids
- Liver Problems
- Gall Bladder Problems
- Weight Trouble
- Abdominal Cramps

FEMALES ONLY

When was your last period?

Are you pregnant?

- YES NO
- Menstrual Irregularity
- Menstrual Cramps
- Vaginal Pain/Infection
- Breast Pain/Lumps

FAMILY HISTORY

The following members have the same or similar problem(s) as I do:

- Mother
- Father
- Brother
- Sister
- Spouse
- Child

DIAGNOSIS:

Patient Accepted: Yes No



 Doctor's Signature