

Health Questionnaire

Please indicate for each of the questions below your experience by use of the following codes:

1 - Never Had 2 - Previously Had 3 - Presently Had

Musculo-Skeletal System

- Low back problems
- Pain between shoulders
- Neck problems
- Arm problems
- Leg problems
- Swollen joints
- Painful joints
- Sore muscles
- Stiff joints
- Weak muscles
- Walking problems
- Ruptures
- Broken bones

Nervous System

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

Eye, Ear, Nose & Throat

- Eye strain
- Eye inflammation
- Vision problems
- Earpain
- Ear noise
- Ear discharge
- Hearing loss
- Nose pain
- Nose bleeding
- Difficult breathing
- Through nose
- Sore gums
- Dental Problems
- Sore mouth
- Sore throat
- Hoarseness
- Difficult speech

Genito-Urinary System

- Bladder trouble
- Excessive urination
- Scanty urination
- Painful urination
- Discolored urination

Gastro-Intestinal System

- Poor appetite
- Excessive hunger
- Difficult chewing
- Difficulty swallowing
- Excessive thirst Nausea
- Vomiting blood
- Abdominal pain
- Diarrhea
- Constipation
- Black stool
- Bloody stool
- Gall bladder problems
- Weight trouble

Female

- Vaginal discharge
- Vaginal bleeding
- Vaginal pain
- Breast pain
- Lumps in breast
- Are you pregnant?
Yes No
- Breast implants

Patient Signature

Date

Doctor's Comments

