HEALTH QUESTIONNAIRE

Name		DOB	
Address			
	State	Zip Code	
Telephone		Email	
How did you here about this?			

About Your Health:

The human body is designed to be healthy. Throughout life, events occur which damage your health. This case history will uncover the layers of damage, especially to the nervous system, which have resulted in poor health. Following your examination, your practitioner will outline a course of care to begin to correct these layers of damage and recover your innate health potential.

Loss of Wellness (Birth-Age 5)

Let's begin at birth when you may have first damaged your nervous system, lost your wellness and began your journey to ill health.

Please tick Yes/No where applicable:

Birth Process			**Client Comments**
Was the delivery long and/or difficult	Yes ☐	No ☐	
Were forceps used?	Yes ☐	No ☐	
Was the birth Cesarean?	Yes ☐	No ☐	
Breech/Cephalic?	Yes ☐	No ☐	
Mother given drugs during delivery?	Yes ☐	No ☐	
Was labor induced?	Yes ☐	No ☐	

Growth and Development			**Client Comments**
Did you roll out of bed as a child?	Yes ☐	No ☐	
Childhood sicknesses?	Yes ☐	No ☐	
Chair pulled out when you sat down?	Yes ☐	No ☐	
Did you fall down stairs/fall from height?	Yes ☐	No ☐	

Growth and Development					Client Comments
Did you have other traumas?	Yes		No		
What?					
When?					

Loss of Whole Body Health (age 5 – Present)

As you increase the layers of damage, you probably begin to experience symptoms and random bouts of sickness.

Question					Client Comments
Were you taught proper body movement and care?	Yes		No		
Did you/ Do you smoke?	Yes		No		
Did you/ Do you drink alcohol?	Yes		No		
Diet – do you eat healthy?	Yes		No		
Have you been in any accidents? Specify:	Yes		No		
Have you had surgery and organs removed or replaced?	Yes		No		
Did you/ Do you take drugs?	Yes		No		
Prescriptive or Non-prescriptive?	Yes		No		
Teeth problems?	Yes		No		
Eye problems?	Yes		No		
Hearing problems?	Yes		No		
Exercise regularly?	Yes		No		

Question			Client Comments
Sleeping habits? (nightmares) Specify:	Yes ☐	No ☐	
Did you/ Do you have:			
Occupational stress?	Yes ☐	No ☐	
Physical and/or mental stress?	Yes ☐	No ☐	
Hobby/sports injuries?	Yes ☐	No ☐	
Other traumas or problems?	Yes ☐	No ☐	
Sleeping posture?	Yes ☐	No ☐	

Present State of Health (Symptoms)

Finally, the years of continuing damage showed up as acute or chronic symptoms.

Major Complaint:	
Pain/Problem started when ?	
Pains are: Sharp ☐ Dull ☐ Intermittent ☐ Is condition getting worse? ☐	
What activities aggravate your condition?	
What lessens your condition?	
Is this condition interfering with: Work ☐ Sleep ☐ Routine ☐ Other ☐	
Other doctors seen for this condition	
Any Home remedies:	

Other symptoms (please tick if applicable):

Neck Pain ☐	Numbness in fingers ☐	Nervousness ☐
Stiff Neck ☐	Shoulder pain ☐	Tension & irritability ☐
Headaches ☐	Cold feet/hands ☐	Fatigue/Sleeping problems ☐
Dizziness ☐	Loss of smell/taste ☐	Depression ☐
Fainting ☐	Cold/Flu ☐	Lower Back Pain ☐
Ears Ring ☐	Allergies ☐	Pins & Needles/legs ☐
Balance loss ☐	Pain in mid-spine ☐	Shortness of breath ☐
Numb toes ☐	Cold sweat ☐	Weight problems ☐
Chest pain ☐	Hearing problems ☐	Stomach/Digestive Problems ☐
Fever ☐	Lights bother eyes ☐	Constipation/diarrhea ☐
Loss of memory ☐	Menstrual Pain ☐	Pins & needles in arms ☐

Is there a family history of:

	Heart Disease	**Arthritis**	**Cancer**	**Diabetes**	**Other**
Father's Side	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Mother's Side	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

Check which of the following applies:

1. ☐ I have no special problems. I understand the role of Spinal Flow in my general health care.
2. ☐ I have a problem or symptom and I am interested in help with this specific problem. I am also interested in learning about my health and the role of Spinal Flow in improving the health of my family.
3. ☐ I have a problem or symptom and I am interested in help with this problem and in learning how to prevent it in the future.
4. ☐ I have a problem or symptom and I am interested in help with this specific problem.

About Your Care

Spinal Flow provides three types of care.

The aim of our health care is NOT to treat your symptoms, but to get to the cause of your problem and correct it properly. This is done through natural means, without the use of drugs or surgery.

Signature of Client:	