

Belmar Chiropractic Clinic

Dan Maduff D.C.

Personal Health Questionnaire / Review of Systems

Please check the boxes for conditions that apply to help us get an overall picture of your health status and help determine if chiropractic treatment is an appropriate addition to your health care. *All information will be kept STRICTLY confidential unless you authorize a release of records by signature.*

(Name) _____

(Date of Birth) _____

(Today's Date) _____

O=Occasional

F=Frequent

C=Constant

O F C

Muscle / Joint

- Arthritis
- Bursitis
- Foot trouble
- Hernia
- Low back pain
- Neck pain
- Pain between the shoulders

General

- Allergies
- Chills
- Convulsions
- Dizziness
- Fainting
- Fatigue
- Headaches
- Trouble sleeping
- Loss of weight
- Anxiety/Depression
- Numbness or Tingling
- Tremors

Cardiovascular

- Arteriosclerosis
- Hypertension
- Hypotension
- Pain over the heart
- Poor circulation
- Rapid heartbeat
- Slow heartbeat
- Swelling in the ankles

Genitourinary

- Night wetting
- Blood in the urine
- Frequent urination
- Decreased urination
- Kidney infection
- Prostate trouble

O F C

Eye, Ear, Nose, and Throat

- Asthma
- Colds
- Hearing impairment
- Dental decay
- Earache
- Sound sensitivity
- Enlarged glands
- Eye pain
- Impaired vision
- Gum trouble
- Hoarseness
- Nasal congestion
- Nose bleeds
- Sinus infection
- Sore throat

Gastrointestinal

- Belching or gas
- Colon trouble
- Constipation
- Diarrhea
- Difficult digestion
- Bloating
- Excessive hunger
- Gallbladder trouble
- Hemorrhoids
- Jaundice
- Liver trouble
- Pancreatitis
- Acid indigestion
- Nausea
- General stomach pain
- Poor appetite
- Vomiting
- Vomiting blood

Skin

- Boils
- Bruise easily
- Hives
- Skin rash

O F C

Pain or Numbness in:

- Shoulders
- Arms
- Elbows
- Forearms
- Hips
- Legs
- Knees
- Feet
- Sciatica
- Spinal curve
- Swollen joints

Respiratory

- Chest pain
- Chronic cough
- Difficulty breathing
- Spitting up blood
- Phlegm
- Wheezing

WOMEN ONLY

- Cramps or headache
- Excess menstrual flow
- Hot flashes
- Irregular cycle
- Menopause
- Painful menstruation
- Vaginal discharge

Are you pregnant now?

Yes No

If yes, how many months?

_____ mo

How many children do you have? _____

Check any of the following conditions you currently have or have had:

- Alcoholism
- Anemia
- Hemophilia
- Appendicitis
- Cancer
- Chicken Pox
- Cholera
- Diabetes
- Fibromyalgia
- Diphtheria
- Eczema
- Edema
- Emphysema
- Epilepsy
- Goiter
- Gout
- Heart disease
- Herpes
- Influenza
- Malaria
- Measles
- Miscarriage
- MS
- Mumps
- Pacemaker
- Pleurisy
- Pneumonia
- Polio
- Rheumatic fever
- Scarlet fever
- Stroke
- Tuberculosis
- Ulcers
- Kidney stones
- Venereal disease
- Hepatitis
- Positive HIV
- AIDS

Please add any comments about your health you would like us to be aware of:

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