

Optimal Healthcare

Health Questionnaire

Name: _____ Age _____ Home Phone #: _____ Work Phone #: _____

Address: _____ City: _____ State _____ Zip: _____

Occupation: _____ # Hours/Week Currently Working: _____

E-mail Address: _____ Cell Phone #: _____

Check off any of the following symptoms you have experienced in the past 6 months:

- Low Back Pain, Pain between Shoulder Blades, Neck Pain, Tension/Headaches, Fibromyalgia, Tension Across Top of Shoulders, Numbness/Tingling in Arms/Hands, Numbness/Tingling in Legs/Feet, Pain in the legs, Pain in the feet, Tired/Fatigued, Difficulty Sleeping, Allergies, Digestive Problems, Carpal Tunnel

OTHER (explain) _____

Which of the above is the worst? _____

How long have you had it? _____

How often does it occur? _____

What does it feel like?(describe) _____

What have you done that has helped this problem? _____

What activities would you like to do if this was not a problem? _____

Does this cause you to be:

- Moody, Irritable, Interrupt sleep, Restricted in your daily activities

Does this affect your work:

- Decision making, Poor attitude, Decreased productivity, Exhausted at the end of the day, Unable to work long hours

Does this affect your life:

- Lose patience with spouse/children, Restricted household duties, Hinders ability to exercise or sports, Interferes with ability to do hobbies or other activities

What have you tried to help relieve/get rid of this problem and how much did it help? (circle appropriately)

- Medications...Helped: Little Some Much, Exercise...Helped: Little Some Much, Physical Therapy...Helped: Little Some Much, Nutrition...Helped: Little Some Much, Chiropractic...Helped: Little Some Much, Stretching...Helped: Little Some Much

OTHER _____

Location

Date:

Apt:

I consent to receiving a health screening. I realize that I am not receiving a diagnosis, treatment or prognosis for any condition that I may be experiencing. I acknowledge that I am receiving a demonstration only and agree to hold harmless the therapist and/or clinic from any damage resulting from this demonstration.

Signature: _____ Date: ____/____/____

How did you hear about us? _____