Questionnaire

CHIROPRACTISCH CENTRUM voor Rug & Nek

Name & Surname:.....
Maiden Name:.....
Initials:.....
Date of Birth:.....
Adress: .....
Postal code:.....
City:.....
Home Phone: .....
Work Phone:.....
Mobile number: .....
E-mail address: .....

Referred by: GP/specialist/other: .....
Are you: Married/ Unmarried
Number of Children: .....
Insurance: .....
Insurance Number: .....
General Practitioner: .....
GP Address: .....
Occupation: .....
Are you working at the present time? Yes/No
Hobbies/Sport: .....
BSN number: .....

11xx What is the major complaint?

.....
.....
.....

15xx How long have you had this condition?

.....

How did the condition start?

❏ Gradually
161x ❏ Sometimes present
162x ❏ Constantly present
❏ Suddenly
163x ❏ Sometimes present
164x ❏ Constantly present

Does the pain radiate to:

171x ❏ arm L/R
172x ❏ leg L/R

210x Does it worsen with:

2110 ❏ sitting
2120 ❏ walking
2130 ❏ standing
2140 ❏ bending forward
2150 ❏ lying down
2160 ❏ movement
2170 ❏ turning of head
2180 ❏ cough/sneezing/bearing down
2190 ❏ other activities/ postures:
.....

220x Does it get better with:

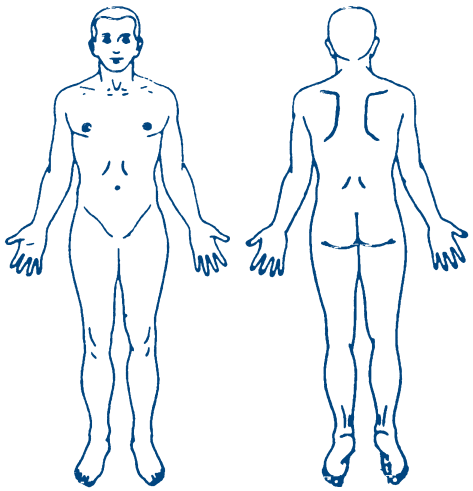
2210 ❏ sitting
2220 ❏ walking
2230 ❏ standing
2240 ❏ bending forward
2250 ❏ lying down
2260 ❏ movement
2290 ❏ other activities/ postures:
.....

30x0 Specialists

Have you been treated for these complaints by a:

3110 ❏ Chiropractor: .....
3120 ❏ GP:.....
3130 ❏ Physiotherapist: .....
3140 ❏ Cesar/mensendieck: .....
3150 ❏ Manual therapist: .....
3160 ❏ Podiatrist: .....
3170 ❏ Neurologist .....
3180 ❏ Rehabilitation Doctor: .....
3190 ❏ Rheumatologist: .....
3200 ❏ Acupuncturist:.....
3210 ❏ Surgeon.....
3220 ❏ Pain team: .....
3230 ❏ Homeopath:.....
3240 ❏ Orthopedist:.....
3250 ❏ Psychologist: .....
3260 ❏ Alternative healer: .....
3270 ❏ Other: .....
.....

Please specify where the complaint is



4010 past problems
4020 present problems

Muscles and joints

4110 ❏❏ Neck
4120 ❏❏ Between the shoulders
4130 ❏❏ Lower back
4140 ❏❏ Tailbone
415x ❏❏ Groin L/R
416x ❏❏ Hip L/R
417x ❏❏ Leg L/R
418x ❏❏ Knee L/R
419x ❏❏ Foot or heel L/R
420x ❏❏ Schoulder L/R
421x ❏❏ Arm L/R
422x ❏❏ Elbow L/R
423x ❏❏ Hand L/R
424x ❏❏ Wrist L/R
425x ❏❏ Fingers L/R
426x ❏❏ Ribs L/R
4270 ❏❏ Joint pain
4280 ❏❏ Swollen Joints
4290 ❏❏ Arthritis
4300 ❏❏ Gout

5010 past problems
5020 present problems

General

5110 ❏❏ Headache
5120 ❏❏ Migraine
5130 ❏❏ Dizziness
5140 ❏❏ Fainting
515x ❏❏ Tinnitus L/R
5160 ❏❏ Loss of sleep
5170 ❏❏ Fatigue
5180 ❏❏ Nervousness
5190 ❏❏ Allergies
5200 ❏❏ Depression
521x ❏❏ Facial pain L/R
5220 ❏❏ Poor appetite
5230 ❏❏ Ear, nose, eye and/or throat ache
5240 ❏❏ Sinus inflammation
5250 ❏❏ Sinusitis
526x ❏❏ Otitis L/R
527x ❏❏ Deafness L/R

PTO ☞

past problems
present problems

Cardio-Vascular

6110 ❑ ❑ Heart Disease
6120 ❑ ❑ Stroke
6130 ❑ ❑ High blood pressure
6140 ❑ ❑ Low blood pressure
615x ❑ ❑ Varicose veins L/R
6160 ❑ ❑ Poor circulation
617x ❑ ❑ Swelling of ankles L/R
6180 ❑ ❑ Anemia

Respiratory

6310 ❑ ❑ Difficulty Breathing
6320 ❑ ❑ Asthma
6330 ❑ ❑ Bronchitis
6340 ❑ ❑ Pneumonia
6350 ❑ ❑ Emphysema
6360 ❑ ❑ Hay fever
6370 ❑ ❑ Chest pain
6380 ❑ ❑ Chronic cough
6390 ❑ ❑ Spitting up blood
6400 ❑ ❑ Coughing up of phlem

past problems
present problems

Gastro-Intestinal

6510 ❑ ❑ Stomach ache
6520 ❑ ❑ Ulcers
6530 ❑ ❑ Hiatal/stomach hernia
6540 ❑ ❑ Gall bladder trouble
6550 ❑ ❑ Liver trouble
6560 ❑ ❑ Constipation/ difficulty defecation
6570 ❑ ❑ Diarrhea
6580 ❑ ❑ Vomiting
6590 ❑ ❑ Hemorrhoids
6600 ❑ ❑ Belching or gas
6610 ❑ ❑ Bladder and urinary tract trouble
6620 ❑ ❑ Kidney infection
6630 ❑ ❑ Prostate trouble
6640 ❑ ❑ Inability to control bladder
6650 ❑ ❑ Appendicitis

Skin

6710 ❑ ❑ Itchiness
6720 ❑ ❑ Eczema
6730 ❑ ❑ Bruise easily
6740 ❑ ❑ Dryness

past problems
present problems

For women only

6910 ❑ ❑ Menopausal symptoms
6920 ❑ ❑ Painful menstruation
6930 ❑ ❑ Cramps or backache
6940 ❑ ❑ Irregular cycle
6950 ❑ ❑ Excessive bleeding

6960 ❑ Have you had a miscarriage?
6970 ❑ Are you possibly pregnant?
6980 ❑ When was your last period?
.....

Other:

.....
.....
.....
.....
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.....
.....
.....
.....
.....

7100 Conditions

7110 ❑ Angina Pectoris
7120 ❑ Alcoholism
7130 ❑ Epilepsy
7140 ❑ Cancer
7150 ❑ Multiple sclerosis
7160 ❑ Polio
7170 ❑ Meningitis
7180 ❑ Rheumatism
7190 ❑ Tuberculosis
7200 ❑ Diabetes
7210 ❑ Pfeiffer's disease
7220 ❑ Thyroid disorder
7230 ❑ Other..: .....
.....

7300 Dental

7310 ❑ Bruxism or grinding of teeth
7320 ❑ Do you have dentures? (in part or whole)
7330 ❑ Does your jaw sometimes feel tired in the mornings?
7340 ❑ Do you have crowns?
7350 ❑ Do you have a bridge?
4360 ❑ Do you have a frame or plate in your mouth?
7370 ❑ Have you ever had braces?
7380 ❑ Does your jaw sometimes make a snapping sound?

Do you use:

7510 ❑ Orthotics
752x ❑ Heel lift L/R
7530 ❑ Other

How do you sleep?:

7710 ❑ On your back
7720 ❑ On your side
7730 ❑ On your stomach
7740 ❑ Varied

7750 **How old is your mattress**
.....

Is your mattress comfortable?

7760 ❑ Yes
7770 ❑ No

8100 Date of last	Less than 6 mo	between 6-18 mo	Longer than 18 mo	never
811x Urine test:	❑	❑	❑	❑
812x X-rays/CT/MRI:	❑	❑	❑	❑
813x Blood test:	❑	❑	❑	❑
814x Chiropractic treatment	❑	❑	❑	❑
815x Heart examination:	❑	❑	❑	❑

Other comments:

8200 Habits	excessive	normal	seldom	none
821x Appetite:	❑	❑	❑	❑
822x Coffee:	❑	❑	❑	❑
823x Alcohol:	❑	❑	❑	❑
824x Exercise:	❑	❑	❑	❑
825x Sleep:	❑	❑	❑	❑
826x Tobacco:	❑	❑	❑	❑

I am aware that appointments should be cancelled at least 24hours in advance.

Signature: .....

9110 ❑ Accidents: .....
9120 ❑ Bone fractures: .....
9130 ❑ Operations: .....
9140 ❑ Have you ever been hopitalised?.....
9150 ❑ Mental illness .....
9160 ❑ List of medications and for what it is taken.....
.....
9170 ❑ Vitamins or supplements.....

May we inform your general practitioner? **Yes/No**

Signature: .....

Date: .....