

LOGAN UNIVERSITY

CHIROPRACTIC HEALTH CENTERS

Patient Health Questionnaire

First Name: _____ Initial: _____ Last Name: _____

Please describe your symptom(s):

When did you symptom(s) start? _____

How did you symptom(s) start – can you identify a reason for your symptoms?

How often do you experience your symptom(s)?

- Constantly (76-100% of the day) Frequently (51-75% of the day)
 Occasionally (26-50% of the day) Intermittently (25-90% of the day)

Which term describes the nature of your symptom(s)?

- Sharp Numb Burning Dull ache Shooting Tingling

How are your symptom(s) changing?

- Getting better Not changing Getting worse

During the past four weeks:

1. Indicate the average intensity of your symptom(s): Very mild Unbearable
2. How much have your symptom(s) interfered with your normal daily work routine:
 Not at all A little bit Moderate Quite a bit A lot
3. How much have your symptom(s) interfered with your social activities:
 Not at all A little bit Moderate Quite a bit A lot

In general, would you say your overall health right now is:

- Excellent Very good Good Fair Poor

Who have you seen for your symptom(s)?

- No one Chiropractor Medical doctor Physical therapist Other: _____

If you received treatment for your symptoms, please describe the type of treatment and when received:

What tests have you had for your symptom(s) and when?

- X-Rays _____ MRI _____ CT Scan _____ Lab _____ Other _____

Have you had a similar problem in the past? Yes No

If you have received treatment in the past for the same/similar symptoms, who did you see?

- Logan Another chiropractor Medical doctor Physical therapist Other: _____

What is your occupation? _____

- Professional/Executive White collar Tradesperson Laborer Homemaker Full time student
 Retired Other

What is your current work status: Full-time Part-time Unemployed Off work

Signature: _____ Date: _____

Updated: 3/27/14