

King Family Chiropractic

622 East St. Darlington, WI 53530 (608)776-4325

Confidential Questionnaire

NAME: _____ DATE: _____

Directions: Circle the most appropriate answer. If you don't know, circle both. If you need to, write comments. **Most Important: Have FUN!!**

- | | |
|---|---|
| 1. Have you noticed anything wrong with your eyes (sight, dizziness, blurred vision)?
Yes No | 22. Does pressure or pain in the head often make life miserable?
Yes No |
| 2. Do you have trouble with your sense of smell?
Yes No | 23. Have you ever fainted in your life?
Yes No |
| 3. Do you have ringing in your ears?
Yes No | 24. Is illness common in your family?
Yes No |
| 4. Are you hard of hearing? Yes No | 25. Do you have numbness or tingling in any part of your body?
Yes No |
| 5. Do you get pain or discomfort when you bite?
Yes No | 26. Were you ever knocked unconscious?
Yes No |
| 6. Do you get any abnormal sensations of taste?
Yes No | 27. Have you had a twitch of the face, head or shoulder?
Yes No |
| 7. Do you have any problems with speech?
Yes No | 28. Have you or someone in your family ever had convulsions (or epilepsy)?
Yes No |
| 8. Does it hurt or is it difficult to swallow?
Yes No | 29. Are you or were you a bed wetter?
To what age? _____ Yes No |
| 9. Does it hurt to shrug your shoulders?
Yes No | 30. Have you had tests that indicate the possibility of a venereal disease?
Yes No |
| 10. Do you have any trouble with normal tongue movement?
Yes No | 31. Have you ever had a tumor or cancer?
Yes No |
| 11. Do you get pain that wakes you up from sleep?
Yes No | 32. Do you often have small accidents or injuries?
Yes No |
| 12. Do you ever notice blindspots?
Yes No | 33. Did you ever have a serious injury?
Explain: _____ Yes No |
| 13. Do you ever have any abnormal bleeding (nose, ears, mouth, stool, urine)?
Yes No | 34. Are you often ill?
Yes No |
| 14. Have you ever been in a coma?
Yes No | 35. Are you a nervous person?
Yes No |
| 15. Have you ever had a stroke? Yes No | 36. Has a doctor ever said that your blood pressure was too high?
Yes No |
| 16. Do you have asthma or allergies?
Yes No | 37. Have you been told you have osteoporosis (brittle bones)?
Yes No |
| 17. Have you suffered from frequent leg cramps?
Yes No | 38. Have you been told you have arthritis?
Yes No |
| 18. Has a doctor ever said you have heart trouble?
Yes No | 39. Do you have sinus problems?
Yes No |
| 19. Do you often eat sweets before a meal?
Yes No | 40. Do you easily get depressed?
Yes No |
| 20. Has a doctor ever said you have ulcers?
Yes No | 41. Do you often have a loss of memory?
Yes No |
| 21. Does arthritis run in your family?
Yes No | 42. Do you have thyroid trouble?
Yes No |

- 43. Have you ever been diagnosed with liver problems? Yes No
- 44. Do you have chest pains? Yes No
- 45. Do you have shortness of breath? Yes No
- 46. Have you ever had gall bladder problems? Yes No
- 47. Do you frequently have trouble sleeping? Yes No
- 48. Do you get menstrual cramps, constipation, or hemorrhoids? Yes No
- 49. Do you have varicose veins? Yes No
- 50. Do your ankles swell easily? Yes No
- 51. Are your feet unusually cold? Yes No
- 52. Have you ever had T.B. (tuberculosis)? Yes No
- 53. Have you ever had diabetes? Yes No

- 54. Have you ever been diagnosed as hypoglycemic? Yes No
- 55. Do you have any addictions? Yes No
- 56. Do you have any history of being abused as a child? Yes No

ANSWER THESE LAST FEW QUESTIONS AND IF YOU NEED HELP, JUST ASK!!

- 57. Do you know that the power that made the body can heal the body? Yes No
- 58. Do you know that each cell receives its “life force” from the brain; that interference will cause a malfunction? Yes No
- 59. Do you know that chiropractic works toward correction interference to life forces between the brain and the tissues, that is, we correct vertebral subluxations? Yes No

Thanks!!

We do not offer to diagnose or treat any disease or condition other than vertebral subluxation. However, if during the course of a chiropractic spinal examination, we encounter non-chiropractic or unusual findings, we will advise you. If you desire advice, diagnosis or treatment for those findings, we will recommend that you seek the services of a health care provider who specializes in that area.

Our only practice objective is to eliminate or reduce the vertebral subluxation, which is major interference to the expression of the body’s innate wisdom. Our only method is by using specific chiropractic adjustments.

We will be asking you to make a commitment within yourself to:

- 1. Be here when due.**
- 2. Stick with the program of care.**
- 3. Attend one of our patient orientations.**
- 4. Honestly do the best you can moneywise and otherwise.**

Always ask us when you have a question. Not asking a question can lead to confusion and a loss of communication. Remember, to improve your personal “life force” is a mutual effort. Its success depends upon communication, commitment, and understanding. Appointments can be made mornings, afternoons or evenings. Work out what is best for you. We love you and care about what is best for you.

I, _____ have read and understand the above statements and therefore accept care on this basis.

Signature: _____ Date: _____