Patient Health Questionnaire - PHQ Infinity Chiropractic & Holistic Alternatives • Dr. Theresa Burns

Patient Name	Date	
What type of regular exercise do you perform?	□None □Light	☐ Moderate ☐ Strenuous
What is your height and weight? For each of the conditions listed below, place a lf you presently have a condition listed below, Past Present Past F	place a check in the Present col	
Headaches Neck Pain Upper Back Pain Mid Back Pain Low Back Pain Shoulder Pain Elbow/Upper Arm Pain Hand Pain Hand Pain Ankle/Foot Pain Joint Swelling/Stiffness Arthritis Rheumatoid Arthritis General Fatigue Muscular Incoordination Visual Disturbances Dizziness	High Blood Pressure Heart Attack Chest Pains Stroke Angina Kidney Stones Kidney Disorders Bladder Infection Painful Urination Loss of Bladder Control Prostate Problems Abnormal Weight Gain/Loss Loss of Appetite Abdominal Pain Ulcer Hepatitis Liver/Gall Bladder Disorder Cancer Tumor Asthma Chronic Sinusitis	Diabetes Excessive Thirst Frequent Urination Smoking/Use Tobacco Product Drug/Alcohol Dependence Allergies Depression Systemic Lupus Epilepsy Dermatitis/Eczema/Rash HIV/AIDS Females Only Birth Control Pills Hormonal Replacement Pregnancy Other Health Problems/Issues
Indicate if an immediate family member has had Rheumatoid Arthritis Heart Problems List all prescription and over-the-counter media	☐ Diabetes ☐ Cancer	Lupus
ist all the surgical procedures you have had and	I times you have been hospitalize	ed:
atient Signatureoctor's Additional Comments		Date

Doctors Signature _____ Date _____