CA Clinic
Acupuncture & Chiropractic
Wellness

PATIENT HEALTH QUESTIONNAIRE

Patient Name: _____ Date: _____

1st most important problem to work on: _____
Have you had this problem in the past? When? _____
When did this current problem begin? _____
What appears to be the initial cause? _____
How often do you experience this? ☐ 0-25% ☐ 50% ☐ 75% ☐ Nearly constant
What describes the nature of your symptoms? (ie. ache, sharp, burning) _____
How are your symptoms changing? ☐ Getting better ☐ Not changing ☐ Getting worse
Severity of symptoms: 0-10 (10 being worst) _____Average _____At its worst
Anything else to note or comment on? _____

2nd most important problem to work on: _____
Have you had this problem in the past? When? _____
When did this current problem begin? _____
What appears to be the initial cause? _____
How often does this pain occur? ☐ 0-25% ☐ 50% ☐ 75% ☐ Nearly constant
What describes the nature of your symptoms? (i.e. ache, sharp, burning) _____
How are your symptoms changing? ☐ Getting better ☐ Not changing ☐ Getting worse
Severity of symptoms: 0-10 (10 being worst) _____Average _____At its worst
Anything else to note or comment on? _____

How much has pain interfered with your normal work (including both work outside the home, and housework) _____
In general, how do you feel your overall health is right now? _____
My pain hurts less with: _____
My pain hurts worse with: _____
This problem interferes with: _____
Who have you seen for your symptoms? _____
What treatment did you receive and when? _____
What tests have you had done & when were they performed? (i.e. xray, mri) _____

Do you have any of the following? (please check)

- Allergies ☐
- Digestion Issues ☐
- Low Energy ☐
- Pain ☐
- Posture Issues ☐
- Stress including anxiety/depression ☐
- Sleep problems ☐
- Weakness ☐
- Weight Issues ☐

Please mark the figures below that best describe the full sensation or pain you are feeling. Please mark areas where pain radiates or spreads with an arrow ↑ to indicate the direction of radiating pain.

A=ache B=burning R=radiating N=numbness D=dull S=sharp O=other