

Health Questionnaire

Symptoms	Yes	No	Notes
Operations / accidents			
Excessive weight change			
Diseases			
Fever			
Visual problems			
Headache / migraine			
Vomiting			
Nausea			
Vertigo / dizziness			
Pins and needles in arms/legs			
Heart Palpitations			
High blood pressure			
Chronic or productive cough			
Digestive problems			
Change in frequency of urination			
Blood in urine or faeces			
Depression / anxiety			
Menopause			
Other problems			

I declare I have given the correct information about my health.

Mr./Mrs.....

Signature:

Date:.....

According to Art. 5.1 in the protection law of personal information, we inform for those who are interested:

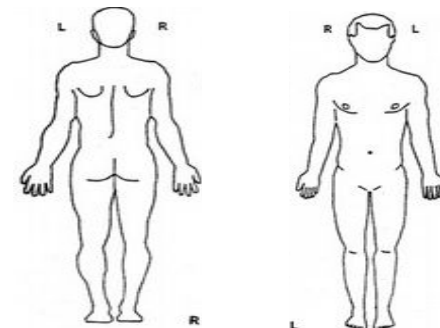
1. the existence of a file for the treatment of personal data.
2. the possibility of exercising rights of access, rectification and opposition.
3. Montgó Chiropractic is responsible for the file.

Quiropráctica Montgó

File number:	Date:
Name:	DNI:
Last name:	
Address:	
City:	
Birth date:	Age:
Home phone:	
Mobile phone:	
Work phone:	
Profession:	
Recommendation:	
E-mail:	

Primary problem:

Indicate where you have pain in the pictures below



At Quiropráctica Montgó our goals are to first address the issues that brought you to this office, and second, to offer you the opportunity of improved health in the future. On a daily basis we experience physical, chemical and emotional stresses that can accumulate and result in nerve interference called SUBLUXATION (thoroughly explained during your consultation) resulting in loss of health. Most often the effects are gradual; not felt until they have become serious. This questionnaire will give us a profile of the specific stresses you have and have had in your life allowing us to provide you with the best possible care. Please answer completely and honestly. Thank you for your cooperation.