

Heath History Questionnaire

Patient Name: _____

Date: _____

1. GENERAL SYMPTOMS: Circle ALL letters that apply OR if this section does not apply to your health history, check here _____ and go to the next section.

A. Nervousness/Irritable (799.2)	B. Fatigue (780.79)	C. Stress (308.9)	D. PMS (625.4)
E. Loss of Sleep (780.52)	F. Jaw Pain (524.60)	Other	

2. HEAD: Circle ALL that apply OR if this section does not apply to your health history, check here _____ and go to the next section.

A. Tension (307.81)	B. Migraine (346.1)	C. Cluster (346.2)	D. Allergic (346.2)
E. Menopausal (627.2)	F. Facial Pain (784.0)	Other	

3. NECK: Circle ALL letters that apply OR if this section does not apply to your health history, check here _____ and go to the next section.

A. Pain (723.1)	Left side	Right side	Mild	Moderate	Severe
B. Pain increased by:	Forward movement	Backward	Turning right	Turning left	Bending right
C. Stiffness	D. Muscle spasm (728.85)		E. Radiating pain into arm (723.4)		F. Radiating pain into head (723.2)
G. Disc Bulge (722.0)	H. Disc Herniation (722.11)		I. Disc Degeneration (722.4)		J. Osteoarthritis (721.0)
K. Muscle pain (729.1)	L. Muscle inflammation (729.4)		M. Whiplash (847.0)		N. Sprain/Strain (847.0)
O. Torticollis (723.5)	Other				

4. MID BACK: Circle ALL letters that apply OR if this section does not apply to your health history, check here _____ and go to the next section.

A. Pain: (724.1)	Left side	Right side	Both		
B. Pain Level:	Mild	Moderate	Severe		
C. Pain increased by:	Forward movement	Backward	Turning right	Turning left	Bending right
D. Stiffness	E. Muscle spasm (728.85)		F. Radiating pain into arms/legs (724.4)		G. Radiating pain into head (724.4)
H. Disc Bulge (722.11)	I. Disc Herniation (722.11)		J. Disc Degeneration (722.51)		K. Osteoarthritis (721.2)
L. Muscle pain (729.1)	M. Muscle inflammation (729.4)		N. Sprain/Strain (847.1)		Other

5. LOW BACK: Circle ALL letters that apply OR if this section does not apply to your health history, check here _____ and go to the next section.

A. Pain (724.2)	Left side	Right side	Both		
B. Pain Level:	Mild	Moderate	Severe		
C. Pain increased by:	Forward movement	Backward	Turning right	Turning left	Bending right
D. Stiffness	E. Muscle spasm (728.85)		F. Radiating pain into leg(s) (724.4)		G. Disc Bulge (722.10)
H. Disc Herniation (722.10)	I. Disc Degeneration (722.52)		J. Osteoarthritis (721.32)		K. Muscle pain (729.1)
L. Muscle inflammation (729.)	M. Sprain/Strain (847.2)		N. Sciatica (724.3)		O. Stenosis (724.02)
P. Congenital Spondylolisthesis (738.4)			Q. Acquired Spondylolisthesis (738.4)		Other

6. SHOULDER: Circle ALL letters that apply OR if this section does not apply to your health history, check here _____ and go to the next section.

A. Pain (719.41)	Left side	Right side	Both
B. Stiffness (719.51)	Left side	Right side	Both
C. Osteoarthritis (715.12)	Left side	Right side	Both
D. Frozen shoulder (726.0)	Left side	Right side	Both
E. Rotator cuff syndrome (726.10)	Left side	Right side	Both
Other			

7. ARM: Circle ALL letters that apply OR if this section does not apply to your health history, check here _____ and go to the next section.

A. Pain (719.42)	Left side	Right side	Both
B. Stiffness (719.52)	Left side	Right side	Both
C. Osteoarthritis (715.12)	Left side	Right side	Both
D. Frozen shoulder (726.0)	Left side	Right side	Both
E. Numbness/Tingling (782.0)	Left side	Right side	Both
Other			

8. ELBOW: Circle ALL letters that apply OR if this section does not apply to your health history, check here ____ and go to the next section.

A. Pain (719.43)	Left side	Right side	Both
B. Stiffness (719.53)	Left side	Right side	Both
C. Osteoarthritis (715.13)	Left side	Right side	Both
D. Tennis Elbow (726.32)	Left side	Right side	Both
E. Numbness/Tingling (782.0)	Left side	Right side	Both
Other			

9. WRIST: Circle ALL letters that apply OR if this section does not apply to your health history, check here ____ and go to the next section.

A. Pain (719.44)	Left side	Right side	Both
B. Stiffness (719.54)	Left side	Right side	Both
C. Osteoarthritis (715.14)	Left side	Right side	Both
D. Carpal Tunnel syndrome (726.32)	Left side	Right side	Both
Other			

10. HAND: Circle ALL letters that apply OR if this section does not apply to your health history, check here ____ and go to the next section.

A. Pain (719.44)	Left side	Right side	Both
B. Stiffness (719.54)	Left side	Right side	Both
C. Osteoarthritis (715.14)	Left side	Right side	Both
D. Carpal Tunnel syndrome (354.0)	Left side	Right side	Both
Other			

11. THIGH/HIP: Circle ALL letters that apply OR if this section does not apply to your health history, check here ____ and go to the next section.

A. Pain (719.45)	Left side	Right side	Both
B. Stiffness (719.55)	Left side	Right side	Both
C. Osteoarthritis (715.15)	Left side	Right side	Both
Other			

12. LEG: Circle ALL letters that apply OR if this section does not apply to your health history, check here ____ and go to the next section.

A. Pain (719.46)	Left side	Right side	Both
B. Stiffness (719.56)	Left side	Right side	Both
C. Osteoarthritis (715.16)	Left side	Right side	Both
Other			

13. ANKLE: Circle ALL letters that apply OR if this section does not apply to your health history, check here ____ and go to the next section.

A. Pain (719.47)	Left side	Right side	Both
B. Stiffness (719.57)	Left side	Right side	Both
C. Osteoarthritis (715.17)	Left side	Right side	Both
Other			

14. FOOT: Circle ALL letters that apply OR if this section does not apply to your health history, check here ____ and go to the next section.

A. Pain (719.47)	Left side	Right side	Both
B. Stiffness (719.57)	Left side	Right side	Both
C. Osteoarthritis (715.17)	Left side	Right side	Both
Other			

Patient Signature _____