Advanced Chiropractic of Mankato

Patient Health Questionnaire

Birth Date:	/	/	'

Name:	Birth Date://
Address:	Phone:
City, State, Zip:	Soc. Sec#:

1. Please Describe Your Complaint:

	a. Description	b. Frequency	\bigcirc	\cap		\bigcirc	
	\Box Sharp Pain	□ Constant (76-100%)	18-3	SIL) × l	Er(
	□ Dull Pain	\Box Frequent (51-75%)	(X	() P)		1	
	\Box Ache	\Box Occasional (26-50%)	(f)	(λ)	11-11	(\mathcal{I})	
	□ Weak	\Box Intermittent (25% or less)	("Den	(1)	(7E · JE)	[]]	
	\Box Throbbing		1671	JILY IN	AL-1P	$\left(\left(\right) \right) \left(\left(\right) \right) \right)$	
		Mark on the	WHO]	Stand Wall	THEN () VIES	((ETH	
	□ Shooting	picture where you	1. /	Lalled		\ .(
	□ Gripping	have pain or other	11	(γ)	$\left(\left(\left$	1	
	□ Burning □ Tingling	symptoms	L	JAR (2.RC	Li La	
	c. Indicate the inter	nsity of your pain at its lowest and h	nighest level: N	lo Pain 0 1 2 3 4	5 6 7 8 9 10 Unbe	arable Pain	
	d. Your symptoms	are: \Box decreasing \Box not chang	ing □increasi	ing			
	e. Your symptoms	are worse in the: \Box Morning \Box .	Afternoon 🗆 E	vening 🗆 Increases durin	g the day \Box Same all day		
•	When did your problem begin (specific date if possible)? Describe how your problem began:						
	Are you currently being seen? □ Yes □ No When and what treatment?/						
	What makes yo	ur problem hotter? Dething	□ I ving down	□ Walking □ Standing	Sitting Movement/Eve		
						ercise 🗆 Inactivity	
	What makes yo	ur problem worse? \Box Nothing		□ Walking □ Standing	e	-	
	2	1 0	□ Lying down	0 0	□ Sitting □ Movement/Exe	ercise □ Inactivity	
	How would you	ur problem worse? \Box Nothing	□ Lying down	o stress	□ Sitting □ Movement/Exe □ Moderate stress □ Great	ercise □ Inactivity	
	How would you General physica Are your compl No Effect	ur problem worse? □ Nothing a rate your general stress leve	□ Lying down el? □ Little or no ise □ Light Exe o be active? □ Some p cs □ Need	o stress	□ Sitting □ Movement/Exe □ Moderate stress □ Great e □ Strenuous Exercise o perform light duty work an	ercise □ Inactivity	
	How would you General physica Are your compl No Effect Need limited ass Have a significat	ur problem worse? Nothing a rate your general stress leve al activity? No Regular Exerci- laints affecting your ability to istance with common everyday task	□ Lying down el? □ Little or no ise □ Light Exe o be active? □ Some p ks □ Need stance □ Am to	o stress	□ Sitting □ Movement/Exe □ Moderate stress □ Great e □ Strenuous Exercise o perform light duty work an Cannot care for self.	ercise □ Inactivity ly stressed d household tasks)	
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Advanced Chiropractic of Mankato

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Pain in upper arm or elbow	
Image: Hand Pain Image: Heart Attack Image: Wrist Pain Image: Stroke Image: Heart Pain Image: Stroke Image: Pain in lower leg or knee Image: Prostate Problems Image: Pain in lower leg or knee Image: Prostate Problems Image: Pain in lower leg or knee Image: Prostate Problems Image: Pain in lower leg or knee Image: Prostate Problems Image: Pain in lower leg or knee Image: Prostate Problems Image: Pain in lower leg or knee Image: Prostate Problems Image: Pain in lower leg or knee Image: Prostate Problems Image: Pain in lower leg or knee Image: Prostate Problems Image: Pain in lower leg or knee Image: Prostate Problems Image: Pain in lower leg or knee Image: Prostate Problems Image: Pain in lower leg or knee Image: Pain in lower leg or knee Image: Pain in lower leg or knee Image: Pain in lower leg or knee Image: Pain in lower leg or knee Image: Pain in lower leg or knee Image: Pain in lower leg or knee Image: Pain in lower leg or knee Image: Pain in lower leg or knee Image: Pain in lower leg or knee Image: Pain in lower leg or knee Image: Pain in lower leg or knee Image:	
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Patient Health Questionnaire

Additional Doctor Comments: