

WELLNESS QUESTIONNAIRE

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Patient Name: _____ DOB: _____ DATE: _____
Ins: _____ Payment plan _____

Please check any of the following disorders that you recently may be experiencing and circle the related symptoms:

- 1. ___ Headaches (Migraine / Tension / Cluster / Sinus)
2. ___ Sinus trouble
3. ___ Allergies (Food / Environmental)
4. ___ Ringing in ears (Tinnitus)
5. ___ Dizziness / Loss of balance (Vertigo)
6. ___ Jaw disorders (TMJ)
7. ___ Neck = Pain / Ach / Stiff / Weak / Shooting
8. ___ Upper Back = Tightness / Pain / Ache / Radiating
9. ___ Lower Back = Pain / Ache / Sore / Stiff / Weak
Shooting (where) _____
10. ___ Shoulder / Elbow / Forearm / Wrist / Hand = Pain / Ache
Stiff / Sore / Weak / Tingling / Numb
11. ___ Hip / Thigh / Knee / Leg / Ankle / Foot = Pain / Ache / Sore
Stiff / Cramping / Weak / Burning / Tingling / Numb
12. ___ Arthritis or Joint Stiffness
13. ___ Loss of Energy / Fatigue easily / Tired mornings
14. ___ Body Tension / Nervous Energy
15. ___ Insomnia = Can't fall asleep / Wake in middle of night
16. ___ Depression / Mood Swings / Mental Sluggishness
17. ___ Difficulty regulating body temp. / Get chilled easily
18. ___ Excessive thirst / hunger
19. ___ Dry or Scaly Skin
20. ___ Chest Pain or Cramping
21. ___ Persistent Cough = Productive / Dry
22. ___ Difficulty Breathing = Asthma / Allergies / Bronchitis / other
23. ___ Get Sick easily / Wounds heal slow
24. ___ Decrease tolerance to Sugar / Fatty foods / Dairy / Spicy
foods
25. ___ Abdominal = Pain / Colic / Bloating
26. ___ Nausea / Vomiting
27. ___ Indigestion / Heart Burn
28. ___ Constipation / Diarrhea
29. ___ Urinary Difficulties = Getting started / Keeping it going /
Going too often / Blood / Pain / Dribbling / Other _____
30. ___ Swollen Ankles / Puffy Eyes
31. ___ Menstrual disorder / Menopause _____
32. ___ Family diseases _____
33. ___ List all Scars, Surgeries, Diseases _____
34. ___ Other _____

Your (patient) signature: _____

Doctor's Use Only:

Reviewed Pt. Health Questionnaire and
Wellness Questionnaire with Pt.

Doctors Initials