



PATIENT VITAL INTAKE [HQ] HEALTH QUESTIONNAIRE

SOUTHERN ILLINOIS PHYSICIANS GROUP

Cardiovascular

- High Blood Pressure, Low Blood Pressure, Chest Pain, Irregular Heartbeat, Dizziness, Fainting, Cold Hands / Feet, Swelling in Hands / Feet, Blood Clots, Phlebitis, Difficulty Breathing, Other

Respiratory

- Cough, Coughing Blood, Asthma, Bronchitis, Pneumonia, Difficulty in Breathing When Lying Down, Tight Chest, Production of phlegm: Frequency? (daily, hourly, etc.) What Color?

Gastrointestinal

- Nausea, Vomiting, Diarrhea, BOWEL MOVEMENTS, Gas, Belching, Black Stool, Frequency, Bad Breath, Rectal Pain, Hemorrhoids, Color, Constipation, Bloody Stools, Sensitive Abdomen, Odor, Pain or Cramps, Laxative Use: times/wk. type: Texture/Form

Gastro-Urinary

- Pain at Urination, Frequent Urination, Blood in Urine, Urgency to Urinate, Unable to Hold Urine, Kidney Stones, Venereal Disease, Impotency, Wake Up to Urinate, How Often? /night; times: Other Gastro-Urinary Problems

Pregnancy and Gynecology

- # of Pregnancies, Number of Births, Premature Births, Miscarriages, Age at First Menses, Period Length, Duration, Irregular Periods, Flow (describe below), Clots, Last PAP, Last Menses, Vaginal Discharge, Vaginal Sores, Breast Lumps, Menopause, Birth Control: Type, Duration, Changes in Body / Psyche prior to Menstruation?

Musculoskeletal

- Neck Pain, Muscle Pains, Back Pain (where?), Joint Pains (where?), Other Joint or Bone Problems?

Neuropsychological

- Seizures, Areas of Numbness, Poor Memory, Concussion, Depression, Anxiety, Bad Temper, Easily Stressed, Treated for emotional problems (explain below), Considered/Attempted Suicide, Other neurological or psychological problems? (explain below)

Classical

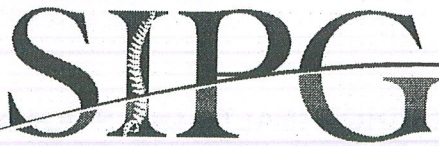
Table with 4 columns: PREFERENCE, MOST LIKED, LEAST LIKED, and Body Type. Rows include Season, Taste, Climate, Time of Day, Temperature, Color, Tone, Yin/Yang, Firm/Weak, Hot/Cold, Surface/Interior.

I certify that the above accurately describes my symptoms as of the date of this form:

Signature of Patient

Date





SOUTHERN ILLINOIS PHYSICIANS GROUP

Dr. Lance S. Rahden, DC.
Acupuncture, Auriculotherapy, and Chiropractic

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Patient Name Home Phone Work Phone

Birthdate Age Height Weight Cell Phone

Complaints: How long has it been occurring? Treatment/Palliative action (What makes it feel better)?

Please list all surgeries, traumas, medications, and allergies. Give dates, age of occurrences, or years as best as you can remember.

Family Medical History

- Obesity Stroke Seizures Other Diseases / Cancer (explain below)
Diabetes Heart Disease High Blood Pressure

Your Habits

- Cigarettes Alcohol Drinks Per Week: Often
Marijuana Frequency: Occasionally Often
Unprescribed Drugs Please explain:
Coffee Tea Carbonated Beverages Cups/Glasses/Cans per day:
Bitter Chocolate Sweet Chocolate
Sugar Artificial Sweetener Salt

Please explain any cravings or any other items you feel are important that we know:

General Issues

- Poor Appetite Heavy Appetite Poor Sleep Heavy Sleep
Insomnia Fatigue Tremors Vertigo
Cold Hands Cold Feet Cold Back Cold Abdomen
Fevers Chills Night Sweats Sweat Easily
Cravings Localized Weakness Poor Coordination Changes in Appetite
Sudden Energy Drops (Time?) Peculiar Tastes/Smells (explain?)
Strong Thirsts (cold/hot drinks) Bleed / Bruise Easily (where?)

Skin / Hair

- Rashes Ulcerations Hives Itching
Eczema Pimples Dandruff Loss of Hair
Change in Hair/Skin Texture Purpua Other hair/skin issues (explain below)

Head / Eyes / Ears / Nose / Throat

- Dizziness Concussions Migraines Wear Corrective Lenses
Eye Strain Eye Pain Poor Vision Night Blindness
Color Blindness Cataracts Blurry Vision Earaches
Ringing in Ears Poor Hearing Nose Bleeds Sinus Problems
Mucus Dry Throat Dry Mouth Copious Saliva
Teeth Problems Jaw Clicks Grinding Teeth Facial Pain
Gum Problems Spots in Eyes Recurrent Sore Throats (how many times per month?)
Sores on Lips or Tongue Headaches (where and when?)
Other Head / Neck Problems