

Accepting Patients at:
Knight Chiropractic Center
within the Rochester Fitness Center
3313 Chili Avenue Rochester, NY 14624

HealthSource Chiropractic

Donald R. Dudley, DC
Office: (585) 889-3280
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Patient Questionnaire

Patient Name: _____ Date: _____

Please list other doctors or therapists you have seen for this condition:

Name	When were you treated?	Type of treatment/therapies?
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How did the injury occur?

Did you require hospitalization?

Have you had a recent major surgery or illness? Yes or No (circle one)

If yes, please describe:

Have you lost any days from work? Yes or No (circle one)

If yes, please describe:

Are you taking prescription, over-the-counter, or birth control medication? Yes/No

List medications:

Do you smoke? Yes/no (circle one) If yes, _____ packs/day for _____ Years.

Circle the following conditions that you or your blood relatives have had:

Back/neck problems	Cancer	Heart Attack
Stroke	Arthritis	Diabetes
High blood pressure	Osteoporosis	Drug/alcohol abuse

Are you pregnant? Yes or No (circle one)

Check symptoms you have noticed since the injury/accident/pain syndrome:

____ Headache	____ Numbness in Fingers	____ Cold Sweats
____ Neck Pain	____ Numbness in Toes	____ Pins/Needles in Legs
____ Neck stiffness	____ Depression	____ Hands Cold
____ Constipation	____ Pins/Needles in Arms	____ Ears Ring/Buzz
____ Back Pain	____ Loss of Memory	____ Feet Cold
____ Nervousness	____ Head seems too heavy	____ Stomach Upset
____ Tension	____ Loss of Balance	____ Dizziness
____ Fainting	____ Diarrhea	____ Sleeping Problems

