

Patient Health Questionnaire - PHQ

Infinity Chiropractic & Holistic Alternatives • Dr. Theresa Burns

Patient Name _____ Date _____

What type of regular exercise do you perform? None Light Moderate Strenuous

What is your height and weight? Height Feet Inches Weight lbs.

For each of the conditions listed below, place a check in the Past column if you have had the condition in the past. If you presently have a condition listed below, place a check in the Present column.

Past	Present	Past	Present	Past	Present
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Females Only
 Birth Control Pills
 Hormonal Replacement
 Pregnancy

Other Health Problems/Issues

Indicate if an immediate family member has had any of the following:
 Rheumatoid Arthritis Heart Problems Diabetes Cancer Lupus _____

List all prescription and over-the-counter medications, and nutritional/herbal supplements you are taking:

List all the surgical procedures you have had and times you have been hospitalized:

Patient Signature _____ Date _____

Doctor's Additional Comments

Doctors Signature _____ Date _____