Kiropraktisk klinik Vanløse
Jydeholmen 2, 1.sal. 2720 Vanløse
38 74 31 03 www.kiropraktiskklinik.dk

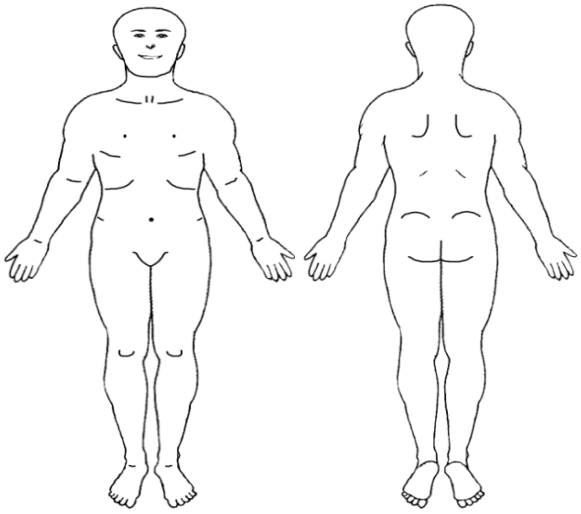
QUESTIONAIRE ADULTS

Answer the questions as well as you can. If you are unsure of anything, please move on to the next question.

1	**Name:** Fill in capital letters								
2	**Social Secure Number:**								
3	**Marital status**	**Married:**		**Unmarried:**		**Children Yes:**		**Children no:**	

4	**Occupation** Fill in capital letters		**Telephone:**
5	**E-mail:** Fill in capital letters		

6 Where are you experiencing pain? **(Please indicate on the drawing)**



7 How long have you been experiencing pain?

8 How did the pain begin?

Set X

- ☐ A creping malaise
- ☐ Suddenly

9 What triggered the pain?

Set X

- ☐ Unknowen cause
- ☐ Other

10 Does the pain vary during the day?

Set X

- ☐ Worst in the morning
- ☐ Worst mornings and evenings
- ☐ Worsens during the day

Set X

- ☐ Worst during nights
- ☐ No obvious pattern

11 Pain intensity?

Your pain at this moment:

	None									Worst imaginable pain
Set X										
	1	2	3	4	5	6	7	8	9	10

12 Have you had the same or similar problem previously?

Set X
- [ ] No
- [ ] Yes, how frequent?

13 Have you received any other treatment of your current pain?

Set X
- [ ] No
- [ ] Yes- what treatment and has it helped

14 Current medication:

	Name	Reason
14.1		
14.2		
14.3		

15 Have you ever been, or are you currently on sick leave?:

Set X
- [ ] No

Set X
- [ ] Yes for how long?:

16 Are you experiencing any other pain or problems?

Set X
- [ ] No
- [ ] Yes- please describe:

17 Have you ever been involved in an accident (fall, traffic accident, sport injury etc.?)

Set X
- [ ] No
- [ ] Yes- please describe:

18 Have you ever gone through surgery?

Set X
- [ ] No
- [ ] Yes- when and why?:

19	Do you exercise on a regular basis?

Set X ☐ No Set X ☐ Yes - what and how often?:

20	Do you smoke?

Set X ☐ No Set X ☐ Yes - how much?:

21 Are you currently or have you previously exprienced one or more of the following symptoms/ conditions?

If currently condition, please mark with X • For previous condition, please mark with V

	Neck pain
	possibly with pain in arms
	Pain between the shoulderblades
	Pain in the low beck
	possibly with pain in the legs
	Pain in the tailbone
	Other back pains

	Wrist/finger pain
	Elbow pain
	Hip Pain
	Knee pain
	Foot pain
	Shoulder pain

	Shortness of breath
	Asthma
	Allergies
	Metabolic disorder
	Diabetes

	Visual disturbance
	Headache
	Migrain
	Dizziness
	Nausea
	Vomiting
	Constipation
	Diarrhoea
	Urination problems

	Ulcer
	Raised blood pressure
	Low blood pressur
	Anaemia
	Heart attack or stroke
	Heart disease
	Rheumatism
	Cancer
	Aother chronic diseases:

- If yes, Which:

	Gallstone
	Kidney stone
	Prostate problems
	Alcoholism

For women:	
	Are you pregnant
	Hot flushes
	Painfull menstruation
	Menopause

22	Where did you find the clinic.

23	Consent

I hereby grant consent for the chiropractor to obtain and forward relevant journalmaterial, including X-ray / MRI from/to the following:

Obtain:	Forward:
☐ Consent to all the below	☐ Consent to all the below
☐ Do not consent to all the below	☐ Do not consent to all the below
☐ GP (Your doctor)	☐ GP (Your doctor)
☐ Chiropractor	☐ Chiropractor
☐ Physiotherapist	☐ Physiotherapist
☐ Masseuse	☐ Masseuse
☐ Hospital	☐ Hospital
☐ Insurance compagny	☐ Insurance compagny

I hereby consent to the staff at the clinic who are in direct connection with my treatment, may have insight into my journal

The consent is valid for current treatment and are valid 1 year from the date of signature

Date:

Name / Signatur

Social Security No:

☐ **Yes, I would like to subscribe to the Chiropractic Clinic Vanløse's newsletter**

By ticking, you agree to send tips for better practice, training exercises, news, offers, information about new products and services, invitations to events, etc .
On our website www.kiropraktiskklinik.dk you can read more about how we treat your personal information and what rights you have.