

**CrossWinds Chiropractic**  
**Dr. David Rheume, D.C.D.A.B.C.O.**  
**15351 SE 82nd Drive**  
**Clackamas, OR. 97015**  
**Phone: (503) 342-6644**

**Patient:** \_\_\_\_\_

**DOB:** \_\_\_/\_\_\_/\_\_\_

## SYMPTOM QUESTIONNAIRE

This information will help us determine if chiropractic care will benefit you. Please print and answer as best you can. The doctor will go over these questions with you during your visit.

Where are you having major problems?  Head  Neck  Lower Back  Shoulder  
 Hip  Between shoulder blades  Other \_\_\_\_\_

Have you seen another doctor for this condition?  No  Yes Doctors Name \_\_\_\_\_

How long has this condition lasted?: \_\_\_\_\_

Is this condition:  Getting worse  Improving  Other \_\_\_\_\_

Briefly describe initial cause of condition (injury, accident, etc): \_\_\_\_\_

Pain came on:  Suddenly  Gradually

The pain is:  Occasional  Frequent  Constant

Describe the pain:  Sharp (like a knife sticking you)  Dull (like a toothache)  Burning (hot)

Does the pain:  Stay in one spot  Radiate (travel or shoot)  Go up or down the spine

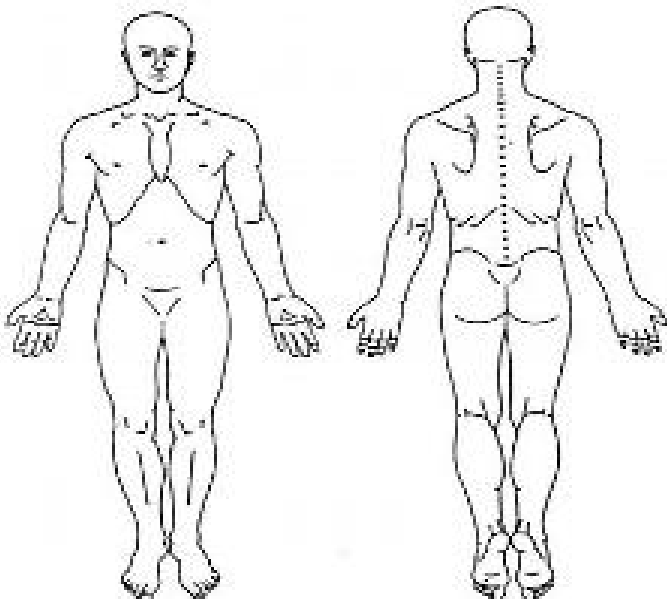
What makes the pain better? \_\_\_\_\_

What makes the pain worse? \_\_\_\_\_

Does the pain effect your sleeping?  Occasionally  Frequently  Constantly

Does the pain effect your work?  Occasionally  Frequently  Constantly

Please indicate below where your symptoms are located:



<u>Key</u>	
Numbness	#####
Pins and Needles	000000000
Burning Pain	XXXXXXX
Stabbing pain	////////////////