PATIENT HEALTH QUESTIONNAIRE - PHQ

Patient Name I			Date	
1. Describe your Symptoms				
a. When and how did you	r symptoms start?			
2. How often do you experie	ence your symptoms?	Indicate where	you have pain or other symptoms	
• Constantly (76-100% of the day)		\cap \cap		
o Frequently (51-75% of		15 Ja	X ST	
• Occasionally (26-50% o		A ALA	GIA G	
0 Intermittently (0-25% o		(K) John Mal	ANMA (M)	
3. What describes the nature 0 Sharp 0 Sho		151111	INSAN INVI	
o Sharpo Sharpo Dull Acheo Tin	0	6 W W W W 2		
4. How are your symptoms	0 0	$((\chi))$	(\mathcal{X}))	
0 Getting better 0 Ge	tting worse 0 Not changing)\// _	
5. During the past 4 weeks:	Ν	ione ID	Unbearable	
a. Indicate the average int				
ē	terfered with your normal work (
1	,	o Quite a bit o Extremely	,	
6. During the past 4 weeks h 0 All of the time	ow much of the time has your coo Most of the timeo Son	•		
	your overall health right now is Very Good 0 Good 0 F			
8. Who have you seen for yo 0 No One 0 C	our symptoms? Chiropractor 0 Medical Doct	or 0 Physical Therapist	0 Other	
a. What treatment did you b. What tests have you ha	receive and when? d for symptoms and when were	they performed?		
o X rays date:	• MRI date:	• CT Scan date:	0 Other date:	
a. If you have received tre 0 This Office 0 C	atment in the past for similar syn	or O Physical Therapist	0 Other	
11. List any Surgeries you ha	we had:			
12. Disease history – please	check all that apply:			
Lung	<u>Vascular</u>	<u>Systemic</u>	Other	
O Bronchitis	0 High Blood Pressure	0 Diabetes	0 Muscular Strains	
O Emphysema	0 Heart Attack	o Thyroid Problems	o Back Problems	
• Asthma/Hayfever	0 Heart Murmur	• Kidney Problems	• Previous Work Injury	
• Tuberculosis	• Circulation Problems	• Bowel Problems	• Skeletal Fractures	
O Sinusitis	• Heart Disease	O Hepatitis	• Ligamentous Sprains	
0 Colds/ Infection	O Sickle CellO Stroke	O ConvulsionsO Evinting	• Cancer	
	o Stroke	o Fainting	o Allergies:	