

Health Questionnaire#3 Health Questionnaire Re-eval#3

HEALTH QUESTIONNAIRE Initial Re-Eval

Use a No. 2 pencil to mark your answers. When marking in an Other bubble please explain in the space allowed. Fill in bubbles completely as indicated here: Erase changes cleanly. Do not fold form.

A. PATIENT INFORMATION

Marital Status: Single Married Separated Divorced Widowed

Sex: M F

Patient Lives With: Alone Parents Spouse Roommate(s) Children Assisted Living Other

Children: None 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

B. PATIENT'S COMPLAINTS 1. Mark Your Present Complaints Below Physical Examination with no complaints

Neck / Back

Shoulder Pain, Neck Pain, Headaches, Stiffness, Tingling, Numbness, Swelling, Weakness, Mid-Back Pain, Moderate Severe, Burning, Dizziness, Sleep, Stomach, Anxiety, Thinking, Occupational, Frequent, Fracture, Infection, Injury, Impairing, Working, Learning, Recreational, Household

When Did Your Neck/Back Complaints Begin? Date: / /

Upper Extremities

Shoulder Pain, Neck Pain, Headaches, Stiffness, Tingling, Numbness, Swelling, Weakness, Mid-Back Pain, Moderate Severe, Burning, Dizziness, Sleep, Stomach, Anxiety, Thinking, Occupational, Frequent, Fracture, Infection, Injury, Impairing, Working, Learning, Recreational, Household

When Did Your Upper Extremity Complaints Begin? Same Date As Neck/Back

PATIENTS INITIAL VISIT (HQ#3)

It's important that the patient bubble in all questions that pertain to them

Areas you can leave blank

1. C Headache section
2. G2 Family History
3. F Habits

If you get a validation warning on any of these while scanning click continue.

Not answering these sections has no effect generating a narrative.

Minimum information you must answer at re-eval time (HQR#3)

- Section (B) Complaints and/or (C) Headaches
- Section (B) 4, 9 and 10
- Section (E) Review of Systems
- Section (G) 1. Are you pregnant (if female patient)

* It is not mandatory that you fill out the Health Questionnaire#3 at re-evaluation but the option is there if you want to.