# Henley Chiropractic Center – Detoxification Questionnaire

Patient Name _____ Date _____

**Rate for last month** ( 3 months) 0 – Never or almost never 1 – Occasionally, but not severe
2 – Occasionally, but severe 3 – Frequently, not severe 4 – Frequently, but severe

**HEAD**
_____ Headaches
_____ Faintness
_____ Dizziness
_____ Insomnia
Total _____

**EYES**
___ Watery or itchy eyes
____ Swollen, red eyelids
____ Bags under you eyes
____ Blurred vision
Total _____

**EARS**
____ Itchy Ears
____ Earaches, infections
____ Drainage from ear
____ Ringing in ears
____ Hearing loss
Total _____

**NOSE**
____ Stuffy Nose
____ Sinus Problems
____ Hay Fever
____ Sneezing Attacks
____ Excessive Mucus
Total _____

**MOUTH/THROAT**
____ Chronic coughing
____ Gagging
____ Sore throat
____ Swollen tongue
Total _____

**SKIN**
___ Ache
____ Hives, rashes
____ Hair loss
____ Hot flashes, flushing
____ Excessive sweating
Total _____

**HEART**
___ Chest Pain
____ Irregular heartbeat
____ Rapid heartbeat
Total _____

**LUNGS**
____ Chest congestion
____ Asthma
____ Shortness of breath
____ Difficulty breathing
Total _____

**DIGESTIVE TRACT**
____ Nausea, vomiting
____ Diarrhea
____ Constipation
____ Bloated feeling
____ Heartburn
____ Intestinal Gas
Total _____

**JOINT / MUSCLES**
____ Pain or aches
____ Arthritis
____ Stiffness or limitation of movement
____ Pain or aches in muscles
____ Feeling of tiredness or weakness
Total _____

**WEIGHT**
____ Binge eating or drinking
____ Craving certain foods
____ Water retention
____ Underweight
____ Compulsive eating
Total _____

**ENERGY /ACTIVITY**
____ Fatigue, sluggishness
____ Apathy. Lethargy
____ Hyperactivity
____ Restlessness
Total _____

**MIND**
____Poor memory
____ Confusion, poor comprehension
____ Difficulty in making decisions
____ Slurred Speech
____ Poor Concentration
Total _____

**EMOTIONS**
____ Mood Swings
____ Anxiety, fear, nervousness
____ Anger, irritability, aggressiveness
____ Depression
Total _____

**OTHER**
____ Frequent illness
____ Frequent or urgent urination
____ Poor Physical condition

**GRAND TOTAL**

**TOTAL** _____