

**Verification Question** (choose only one question by circling the question, then give the answer to that question)

- What is the name of your favorite pet?    In what city were you born?    What high school did you attend?  
 What is your favorite movie?    What is your mother's maiden name?    On what street did you grow up?  
 What was the make of your first car?    When is your anniversary?    What is your favorite color?

**Verification Answer to the Chosen question:** \_\_\_\_\_

**Do you currently smoke tobacco of any kind?**    Yes    Former smoker    Never been a smoker

*If yes, how often do you smoke:*    Current every day smoker    Current sometimes smoker

*If yes, what is your level of interest in quitting smoking?*

- 0    1    2    3    4    5    6    7    8    9    10  
*No interest* *Very Interested*

**Current medications, including dosage if known.**

**If there are no current medications, check here:**

- 1) \_\_\_\_\_ 5) \_\_\_\_\_  
2) \_\_\_\_\_ 6) \_\_\_\_\_  
3) \_\_\_\_\_ 7) \_\_\_\_\_  
4) \_\_\_\_\_ 8) \_\_\_\_\_

**List any known allergies you have had to any medications.**

**If no allergies are known, check here:**

- 1) \_\_\_\_\_ 3) \_\_\_\_\_  
2) \_\_\_\_\_ 4) \_\_\_\_\_

**Briefly list your main health problems:** \_\_\_\_\_  
\_\_\_\_\_

**Has any doctor diagnosed you with Hypertension presently?**    Yes    No   *If yes, describe:* \_\_\_\_\_  
\_\_\_\_\_

**Has any doctor diagnosed you with Diabetes presently?**    Yes    No   *If yes, what kind?*    Type I    Type II

*If yes to Diabetes, was your blood lab-work test for hemoglobin A1c > 9.0%?*    Yes    No    Not Sure

*If yes, other comments regarding Diabetes:* \_\_\_\_\_

**Have you had an X-ray or CT scan or MRI of your low back spine in the past 28 days?**    Yes    No

**To be performed by clinic staff:**

Height: \_\_\_\_\_ inches   Weight: \_\_\_\_\_ pounds   BP: \_\_\_\_\_ / \_\_\_\_\_