



## HIATAL HERNIA

Your Name: \_\_\_\_\_

Have you been diagnosed with a hiatal hernia by a medical doctor (MD)?

YES

NO

If yes, when (date)? \_\_\_\_\_

Are you taking medications currently for your hiatal hernia?

YES

NO

If yes, list medication and dosage:

\_\_\_\_\_

Please list any side effects you are experiencing from the medication?

\_\_\_\_\_

What symptoms you are experiencing?

Please mark **P** for in the Past, **C** for Currently Have and **N** for Never

Pain       Acid Reflux       Indigestion

Difficulty Breathing       Symptoms resembling a heart attack

Lump in chest or throat

On a scale of 1 to 10 (10 being the most severe), how would you rate your pain? \_\_\_\_\_

How are your symptoms affecting your life?

\_\_\_\_\_

On a scale of 1 to 10 (10 being extremely committed), how committed are you to fixing your problem?

\_\_\_\_\_

List the Top 3 most physically challenging symptoms:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

List the Top 3 most emotionally challenging symptoms:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Do you feel short tempered while suffering from a hiatal hernia?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

How has your hiatal hernia affected your loved ones?

\_\_\_\_\_

Did you try any home remedies? If yes, what and how did you hear about the home remedy?

\_\_\_\_\_

How did you find our practice?

\_\_\_\_\_

Did you consider seeking help at another doctor's office?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

If yes, why did you select Baker Chiropractic and Wellness?

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If online, did you search with your phone or computer?

\_\_\_\_\_ Phone

\_\_\_\_\_ Computer

What is the most important thing to you about getting this condition resolved?

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