

Rise Chiropractic and Wellness Health Questionnaire - UPDATE ADDENDUM

Patient Name: _____

DOB: _____

Today's Date: _____

Please list **any updates or changes** to your health information below.
(Attach additional pages if necessary.)

1. New or Changed Diagnoses / Conditions

2. Medications or Supplements (added, removed, or changed)

3. Allergies or Adverse Reactions

4. Pregnancy Status (if applicable)

- ☐ Not pregnant
- ☐ Pregnant
- ☐ Postpartum
- ☐ Not applicable

5. Surgeries, Hospitalizations, or Injuries Since Last Update

6. Other Health Updates You Would Like Your Provider to Know

ADDENDUM ATTESTATION

I confirm that the updates listed above are accurate to the best of my knowledge and supplement my previously completed health questionnaire.

Patient Signature: _____

Date: _____

Staff Use Only

- ☐ Addendum reviewed
- ☐ Provider notified of updates
- ☐ Chart updated

Staff Initials: _____