

Phone: 905-825-1992
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HEALTH and WELLNESS Profile

Date: _____

Name: _____ Date of Birth (d/m/y): _____

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Business Phone: _____ Ext. ____ Cell: _____

E - Mail: _____ Sex: M / F

Occupation: _____ Name of Medical Doctor: _____

Date of Last Physical/Medical Visit: _____

Extended Health Insurance: Y / N - Amount of Coverage _____ Company: _____

Spouse and Children's Names: _____

How did you hear about our office (be specific): _____

In order to best serve you and help you with your health problem / concern the Dr. needs to know as much about your problem as possible and You need to understand how your body works and heals to achieve the maximum benefit of care

Why You have Pain or get Sick:

Most illness, injury and discomfort comes from TOO MUCH stress or strain in the mind / body, muscles, tissues or organs. Regardless of the TYPE of Stress – it can create a myriad of different kinds of symptoms in your body or mind. This stress is either (or most often, a combination of):

- a) **Physical** - like auto accidents, slips and falls, sport injury, prolonged poor posture at work or home, birth trauma (c-section, forceps), repetitive strain etc...
- b) **Chemical** - bacteria, viruses, environmental toxins and pollutants, medications, food additives, too much caffeine, alcohol, smoke, poor food choices, not enough vitamins, minerals or water etc...
- c) **Mental/ Emotional** - family stress, financial, work, self expectations, deadlines, fear of failure, abuse, etc...

While your genetics do play a role in your health, they are VERY much influenced by your Lifestyle, your Habits and your Ability to Cope. It is here where you and the doctor can make changes to help you recover.

Of the ABOVE types of Stress please indicate which one(s) you feel has played the most significant part in your current condition (describe):

What does the Dr. Do to help?

It is important for you to understand that **your body** does **ALL** the actual healing. The Doctor of Chiropractic simply facilitates this process by restoring proper function and reducing stress in your body. The brain, spine and nervous system connect and control / coordinate ALL other body systems (muscles, heart, liver, digestion, immunity etc...) and body functions. The doctor will be assessing your spine and nervous system for stress and body dysfunction.

At **Live Well Health and Healing**, we use **three revolutionary and effective** chiropractic methods to help restore your health.

NSA (Network Spinal Analysis) – a very gentle, light touch Body / Mind technique that allows your body to spontaneously release built up tension and stress, and develop new physiological strategies for better healing. This is accomplished through specific gentle contacts at the base of your neck and spine (usually done while you lay face down comfortably) that entrains your brain on how to use your own breath and how to physically unwind the stress and tension stored in the spine, muscles, joints, ligaments and organs. **Your breath triggers your own healing.**

KST (Koren Specific Technique) – a simple system of assessing where and when the body and nervous system needs adjustment by a gentle tapping to specific points on the body, via the Arthostim adjusting instrument. The doctor checks and challenges your body and organs, and then with a gentle “tapping” adjustment, **resets the brain and nerves** to re-establish healthy body function and eliminate faulty “**Stress Programs**” that are decreasing your health and vitality. It is very much like “rebooting” your computer to allow Healing to occur **NATURALLY**, from inside out.

ACT (Activator Technique) – a gentle technique that aligns the vertebrae and removes nerve irritation with the use of an instrument called the activator.

Examination and Programs of Care:

The doctor will examine how well your body moves, your muscle strength, Brain – Body balance, co-ordination and your posture. She will also assess, with our computer scanner, the amount of stress in the nerves that feed inside your body to the organs, tissues, and the postural muscles, looking for tension and imbalances.

Based on her findings and your desired level of health improvement, a program will be created to accomplish your health care goals.

1) Acute Care Program – a very short, but frequent schedule of visits designed to make the most rapid improvement in your health. It is for anyone that is suffering from significant (acute or chronic) injury, illness or pain. It is usually for

4 to 8 weeks in duration and followed by a complete re-examination to determine your progress, and if further care is warranted. It may incorporate adjustments, exercise and nutritional advice, detox or allergy elimination procedures.

2) Wellness Care Program – a less intense, but longer duration schedule of care designed to correct underlying functional health problems, long term correction of chronic spinal issues and weaknesses, improve overall state of health and immune system, prevent pre-mature aging, and promote longevity and energy. It is for anyone who desires true lasting correction for their health problem and recognizes the importance of prevention / maintenance. It is also for people who are fundamentally well and generally asymptomatic, but wish to enhance their overall Health and Wellbeing. The duration of care is generally **6 – 12 months**. It may incorporate all the procedures of the Acute Care Program, but will focus more on your own abilities to heal and gives you the tools to develop **Lifetime Wellness Habits**. Exercise, nutrition, Self Awareness breathing techniques and life goal setting are heavily promoted in this program.

Based on the above Program descriptions, which Level of Care most fits your situation and goals for health improvement (please indicate below)

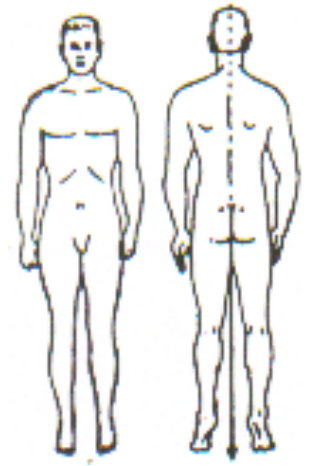
Acute Care _____

Wellness Care _____

Please LIST your main Health /Life Complaints / Concerns:

1. _____
2. _____
3. _____
4. _____

stiff and tight 222
 dull and aching +++
 burning xxx
 stabbing/sharp ///
 pins and needles ...
 numbness ===
 throbbing <<<



Which of the ABOVE is your Primary Reason for seeing us?

When / How did this problem occur? _____

Has this occurred before: Y / N Family history of similar problem: Y / N

If you suffer **pain**, is it (check): constant ___ or intermittent ___

What aggravates your condition: _____

What relieves it (ice, heat etc...): _____

Problem/Condition interferes with (**circle all that apply**): work / sleep / social life / eating / family life / recreation
Is your problem/condition getting worse: Y / N

Other Health Professionals consulted (circle): Family MD / Specialist / Chiropractor / Massage / Naturopath / Other _____
Type of Treatment: _____ Results: _____

Other Health Concerns (please check ALL that apply): Dizziness / Lightheadedness _____

Headaches / Migraines _____ Digestion _____ Lungs _____ Heart _____ Allergies _____

Hormonal (Endocrine) _____ Immune Weakness _____ Anxiety/ Depression _____ Posture _____

Fatigue / Low Energy _____ Sleep Issues _____ Fitness _____ Wt. Loss _____ Neurological Disease _____

The following questions are important to determine the degree stressors are contributing to your departure from health and the creation of your symptoms and discomfort:

1) Physical Stress - Please list below (eg. Childhood Falls, Sports Injuries, Car Accidents, Repetitive Tasks, Work Injuries, etc...)

Have you had any surgery? Y / N What? _____ When? _____

Circle those that apply:

Posture is poor: at work / at home / while sitting / while standing / sleeping position / driving

Physical back and/or neck and shoulder pain on: sitting / standing / walking / sleeping / working / lifting

Your weight is _____ lbs/Kg

2) Chemical Stress : List major illness or infections (cancer, arthritis, heart disease, diabetes, thyroid problems, pneumonia etc...) that you currently have or had in the past:

What medications are you currently taking? How Long? _____

What medications have you taken in the past? How Long? _____

What side effects have you experienced from the drugs and/or surgery? _____

How much **plain** water do you drink **daily**: _____ Do you have **daily** bowel movements: Y / N

List your **daily** use: Tobacco _____ Alcohol _____ Coffee/Tea _____ Pop _____

Sugar/Sweeteners _____

Signs of Potential Nutritional Deficiencies (check ALL that apply) :

dry cracked heels _____ brittle nails/hair _____ cold hands/feet _____
psoriasis/eczema _____ allergies/asthma/ ADHD _____ excessive ear wax _____
poor immune system _____ chronic fatigue/depression/anxiety _____ chronic inflammation _____
back of upper arms is rough and bumpy _____ hormonal imbalances/ PMS/ hot flashes _____ poor wound healing _____

3) Mental/Emotional Stress – is the most common stress on the nervous system that contributes to decreased vitality, energy, and your departure from health. Which areas of your life have had significant stress (please check ALL that apply):

childhood _____ work/school _____ loss of loved one _____ any form of abuse _____ finances _____

lifestyle changes (divorce, loss of job etc...) _____ illness (yours or your family members) _____

INFORMED CONSENT TO CHIROPRACTIC ADJUSTMENTS AND CARE

Physicians, Chiropractors, Osteopaths and Physiotherapists are required to advise patients with neck problems of the following: There have been very rare incidents of injury to the vertebral artery during the course of treatment. This has caused stroke like occurrences, which are usually of temporary nature. The chances of this happening are less than one in ten million. Tests, with or without x-rays, have been performed on you to minimize this risk to yourself. Chiropractic is considered to be one of the safest and most effective forms of therapy for neck conditions. If you have any questions about this, please ask the Dr.

I have read the above statement and consent to an examination and treatment.

Signature _____ Date Signed _____

HEALING takes Time – Be patient with yourself and Thank you for trusting us with your Health and Life Care.