

**Adult Health History Forms**

Patient Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
 Age: \_\_\_\_ Birthdate: \_\_\_\_\_ Marital Status: **M S W D** Spouse: \_\_\_\_\_  
 No of Children/Ages: \_\_\_\_\_ Referred By: \_\_\_\_\_  
 Email address: \_\_\_\_\_

**About Your Health:**

The human body is designed to be healthy. Throughout life, events occur which damage your health expression. This case history will uncover the layers of damage, especially to your nerve system, that may be affecting your health in ways you are experiencing, but more importantly, may be affecting you in ways you are completely unaware of. Following your consultation, if the doctor feels we can help you, you will undergo a comprehensive neuro-structural examination to identify whether or not you have a CORE PROBLEM with your spine and nervous system. If this is evident, your doctor will outline a course of care to begin to correct these layers of damage and recover your innate health potential.

**Loss of Whole Body Health (Birth to Present):**

From birth, certain stresses in your life start to produce layers of damage to your spine and nervous system. Eventually, you may have begun to experience symptoms and random bouts of sickness.

**Birth Process/Growth Development:**

Was your delivery difficult?  Yes  No                      Were you breast fed?  Yes  No  
 Forceps  Cesarean  Breech

Childhood sickness? Please list \_\_\_\_\_

Ear Infections?  Yes  No                      Were you given antibiotics?  Yes  No

Were you yanked by the arm?  Yes  No      Have you fallen down the stairs?  Yes  No

**Age 5 to Present...**

Were you taught proper body movement and care?  Yes  No \_\_\_\_\_

Do/Did you smoke?  Yes  No              Do/Did you drink alcohol?  Yes  No

Diet – Do you eat healthy foods?  Yes  No \_\_\_\_\_

Have you had surgery? Organs removed/replaced?  Yes  No \_\_\_\_\_

Drugs – prescription or non-prescription: \_\_\_\_\_

Teeth problems? \_\_\_\_\_

Eye problems?  Yes  No                      Hearing problems?  Yes  No

Do you exercise regularly?  Yes  No      If yes, \_\_\_\_\_X/week for \_\_\_\_\_ minutes

Sleeping habits (hrs/night)? \_\_\_\_\_  Broken  Unbroken

Age of mattress \_\_\_\_\_ Is it comfortable?  Yes  No

Sleeping Posture: Side  Stomach  Back

Did/do you have occupational stress?  Yes  No      Desk/computer work? Y N

Physical stress?  Yes  No \_\_\_\_\_ Emotional stress?  Yes  No \_\_\_\_\_

Hobbies/sports injuries?  Yes  No \_\_\_\_\_

**FOR DOCTORS USE ONLY**

**Health History**

Reason for visit (CC):

Life Effect:

MVA:

Sports:

Falls:

Occupation:

Other:

Other traumas/problems: \_\_\_\_\_

**Symptoms and Ill Health (Present State of Health):**

Have you had previous chiropractic care?  Yes  No

If yes, where? \_\_\_\_\_ When? \_\_\_\_\_

Why? \_\_\_\_\_

Were x-rays taken?  Yes  No

What is your reason for your visit today? \_\_\_\_\_

How long have you had this condition? \_\_\_\_\_

What activities aggravate your condition? \_\_\_\_\_

What relieves your condition? \_\_\_\_\_

Are you getting numbness/tingling?  Yes  No

Arms  Hands  Head  Buttock  Legs  Calf  Foot

Is your condition getting progressively worse?  Yes  No  It's constant

How painful/problematic is this on a scale of 1-10 (where 10 is severely painful or problematic)? \_\_\_\_\_

Pains are:  Sharp  Dull  Burning  Tight  Throbbing

Is this condition interfering with your:  Work  Daily routine  Other \_\_\_\_\_

Other doctor(s) who treated this condition: \_\_\_\_\_

List all surgical operations and years: \_\_\_\_\_

Drugs you now take:  Anti-inflammatory  Pain killers  Muscle relaxants

Blood pressure  Tranquilizers  Insulin  Birth control  Other: \_\_\_\_\_

Are you wearing:  Heel lifts  Sole lifts  Inner soles  Arch supports

Have you been in an automobile accident?  No  Past year  2-5 years  5+ years

Describe accident: \_\_\_\_\_

Have you had any other personal injury or accident? \_\_\_\_\_

Date of last physical exam? \_\_\_\_\_

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**FOR DOCTORS USE ONLY**

**NEURO-STRUCTURAL**

**EXAMINATION**

**SUBLUXATIONS**

C1	T1	7	L1	SI R
2	2	8	2	L
3	3	9	3	
4	4	10	4	sac R
5	5	11	5	L
6	6	12		
7				

**FUNCTIONAL SHORT LEG(cm)**

\_\_\_\_\_ L \_\_\_\_\_ R

**DEREFIELD TEST: \_\_\_\_\_ L \_\_\_\_\_ R**

**CERVICAL: \_\_\_\_\_ L \_\_\_\_\_ R  
SYNDROME**

**BWD (kg): \_\_\_\_\_ L \_\_\_\_\_ R**

**CEREBELLAR: (Heel to Toe)  
\_\_\_\_\_ L \_\_\_\_\_ R**

**GLOBAL MOBILITY TEST**

(sit to stand) \_\_\_\_\_ /10

Other Neurologic or Physiologic: \_\_\_\_\_

**OFFICE USE ONLY**

Health Perception: \_\_\_\_\_ /100

r - factor: \_\_\_\_\_

Proactive Lifestyle change to recover health: \_\_\_\_\_

## **Your Informed Consent**

Although Chiropractic is reported to be the safest health care system in the world, some say there are very slight risks associated with it. We feel that it is responsible to let you know:

1. Risk of stroke is reported to be 1 in 5-8 million or so... and the cause has yet to be determined.
2. While extremely rare, there have been reports of ligament sprains, and even fractures reported.
3. There have been rare reports of disc injuries, although no clinical scientific study has ever demonstrated chiropractic care to be the cause.

Chiropractic care has been proven to be both clinically and very cost effective. The risk of injuries and complications is so small that chiropractors carry among the lowest malpractice insurance premiums of all the health care professions in the world. Compared to traditional medical/drug/surgical care, which has a yearly death rate of approximately 200,000 people in North America, chiropractic is your safest health care choice.

I have read and understand the above consent, and have had the opportunity to discuss it with my chiropractor.

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

Your Signature: \_\_\_\_\_

## **Our Fee Structure**

Please note our fees for your initial visit:

Initial Visit and Review of Examination Results	\$185
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Please note that if you have been involved in a motor vehicle accident, our fee structure may differ due to the complexity of your needs in such cases.