

First Step: Your Story  
**The Health Restoration System**

# THE HEALTH RESTORATION SYSTEM

The **Health Restoration System** is a unique approach to achieving and maintaining optimal health.

Today in North America and the rest of the western world, the priority in health care is to help people after they are already sick. That is a backwards approach to health care, and it is why we are getting sicker and sicker. Recently a medical researcher stated it plainly, "**We are not living longer we are dying longer.**" In other words, we have the capacity to keep people alive for longer and longer durations, but the majority of these people do not have a good quality of life. They cannot do most of the things that would allow them to live fulfilling lives.

Wouldn't it be great if we could work at staying healthy, instead of waiting to get sick? What if we could roll back the biological clock on the average person? What if 50 really was the new 40? Or 60 was the new 50?

What if we could set up a system to allow you to do things at the age of 50, that you thought were impossible to do at the age of 40, or 30 for that matter?

That is exactly what the **Health Restoration System** is designed to do. We are here to help you live longer and healthier, not die longer!!

How does the **Health Restoration System** work?

## 1. DISCOVERY

Unique questions will lead to new answers.

We will begin by looking at the current state of your health and wellness. In essence, how are you doing right now? We will also ask you some detailed questions about your **history** and your **family health history**.

It is important to understand that your current health problem started years ago and was multi-factorial in origin. The only exception would be an acute trauma like a car accident or severe sports injury. Even with acute traumas the extent of the injuries is most often dependent on your health before the accident. Your answers to the following questions offer up clues to what dangers your body is currently encountering and will give us a base line for comparison to future outcomes.

## 2. CAUSATION ANALYSIS

We will explore which lifestyle factors are affecting your overall health and your ability to live fully alive. It is a well-known fact that 80% of the risk factors for the two most feared killers; heart disease and cancer, are lifestyle related. The same is true for the majority of chronic illnesses affecting patients today.

Let's get started in understanding your problem and finding a solution.

# DISCOVERY

## PERSONAL INFORMATION

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: (M) (D) (Y) Gender: M F

Workplace: \_\_\_\_\_ Occupation: \_\_\_\_\_

Referred by: \_\_\_\_\_  Single  Widowed  Married (SPOUSE'S NAME): \_\_\_\_\_

# of Children: \_\_\_\_\_ and their ages: \_\_\_\_\_

If you are under 18, what are your Parents' Names? \_\_\_\_\_

Have you received chiropractic treatment before?  Yes  No

## PREVIOUS TRAUMAS

### MOTORIZED VEHICLE ACCIDENTS

Year: \_\_\_\_\_ Injuries: \_\_\_\_\_

Year: \_\_\_\_\_ Injuries: \_\_\_\_\_

Year: \_\_\_\_\_ Injuries: \_\_\_\_\_

High Speed Collisions >40km/h?  Vehicles unrepairable?

Whiplash injury?  Un-belted accident?

### FALLS

Falls from heights \_\_\_\_\_

Falls down stairs \_\_\_\_\_

Other falls \_\_\_\_\_

Broken bones \_\_\_\_\_

Childhood falls \_\_\_\_\_

Falls from:

Trees  Roof  Play structure  Bicycle

### POSTURES & HABITS

Sitting >6 hours/day

Head forward posture

### SPORTS & RECREATION:

Sports injuries: \_\_\_\_\_

Participation in High Impact Activities:

Hockey  Wrestling  Basketball

Running  Mountain bike  Climbing

Football  Gymnastics  \_\_\_\_\_

### OCCUPATIONAL STRESSES

Occupation \_\_\_\_\_

Tasks \_\_\_\_\_

Work injuries \_\_\_\_\_

Home injuries \_\_\_\_\_

My job requires:

Heavy Lifting  Awkward positions

Repetitive stresses  Sitting long periods

### BIRTH TRAUMA was your delivery

Difficult  Forceps  C-section

Epidural  Suction  Resuscitation

# DISCOVERY

WHAT IS YOUR PRESENT HEALTH CONCERN?

---



---

How long have you had this condition?

---

Have you had a similar condition in the past?

---

What activities aggravate your condition?

---

What relieves your condition?

---

Are you getting pain or numbness in your arms or legs?

---

Is your condition getting progressively worse?

Yes  No  It's constant  It comes and goes

Pains are:  Sharp  Dull  Burning

Tightness  Throbbing

Pain severity (mark on the line, 0 no pain; 10 most severe)

0 ..... 10

How is this condition interfering with your life?

Work  Daily Routine  \_\_\_\_\_

Other doctors) who treated this condition:

---

FAMILY HEALTH PROBLEMS?

---



---

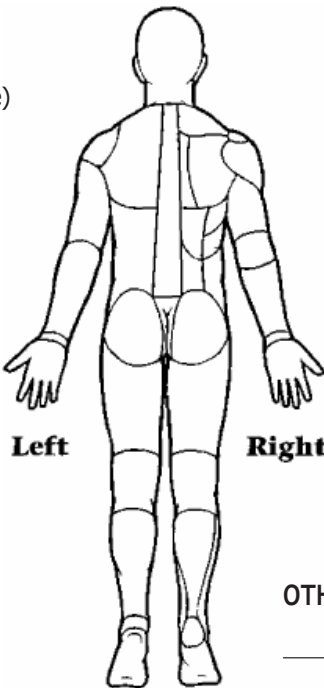
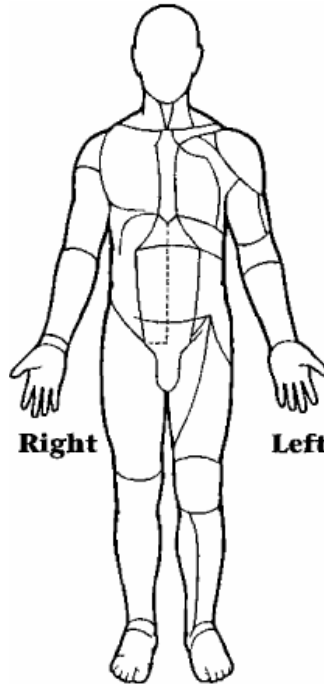


---



---

INDICATE PROBLEM  
AREA ON DIAGRAM  
BELOW



CHECK THE APPROPRIATE CIRCLE BELOW:

- Headaches  Facial pain
- Vision problems  Hearing problems
- Shoulder: Pain / Numbness / Tingling (circle)
- Arm: Pain / Numbness / Tingling (circle)
- Hand: Pain / Numbness / Tingling (circle)
- Hip: Pain / Numbness / Tingling (circle)
- Knee: Pain / Numbness / Tingling (circle)
- Foot: Pain / Numbness / Tingling (circle)
- Neck Pain
- Upper Back Pain
- Middle Back Pain
- Low Back Pain
- Sacroiliac Pain

OTHER HEALTH PROBLEMS?

---



---



---



---

# DISCOVERY

PLEASE CHECK ANY OF THE FOLLOWING SIGNS/SYMPTOMS YOU HAVE EXPERIENCED:

- Blurred /failing vision
- Deafness /ringing in ears
- Earaches
- Sore throat /tonsillitis
- Thyroid problems
- Sinus problems

### Cardiovascular system

- Chest Pain
- Shortness of Breath
- Heart Medication
- High Blood Pressure Medication
- High Cholesterol Medication
- Swelling of Legs

### Respiratory system

- Frequent bronchitis
- History of pneumonia
- Chronic cough
- Spitting up phlegm /blood
- Difficulty breathing
- Tuberculosis
- Pneumonia

### Digestive system

- Heartburn / indigestion
- Stomach Cramps
- Constipation /diarrhea
- Food Allergy
- Irritable Bowel Syndrome
- Crohn's Disease
- Ulcers
- Belching /gas
- Nausea or vomiting
- Liver /gall bladder trouble
- Colon trouble
- Black /bloody stool

### Musculoskeletal system

- Painful Joints
- Painful Muscles
- Tendinitis
- Bursitis
- Arthritis

### General Symptoms

- Fever / chills / sweats
- Frequent colds
- Fainting / dizziness
- Seizures / convulsions
- Headaches /migraine
- Neck pain /stiffness
- Tension across shoulders, L R
- Mid-back pain /stiffness
- Numbness /tingling: hands /arms

### General Symptoms

- Skin problems
- Tremors
- Loss of balance
- Unexplained weight loss/gain
- Anemia
- Alcoholism
- HIV/AIDS
- Loss of sleep
- Poor memory /concentration
- Learning disability
- Irritable /nervous /tension
- Depression /emotional problems
- Decreased energy / fatigue
- Tired /lethargic
- Autoimmune Disease
- Antibiotic Use
- Cancer: \_\_\_\_\_
- Allergies / Asthma
- Scoliosis / spinal curvature
- Low back pain / stiffness
- Faulty posture
- Painful tailbone
- Foot trouble, L R

### Females Only

- Painful menstruation
- Cramps or backaches
- Passed menopause
- Currently pregnant?  Y  N

Excessive /irregular flow

Abnormal discharge

Miscarriages # \_\_\_\_\_

Date of last menstrual period: \_\_\_\_\_

PERSONAL INFORMATION

How has your condition affected your quality of life? \_\_\_\_\_  
\_\_\_\_\_

How has your condition affected you emotionally? \_\_\_\_\_  
\_\_\_\_\_

How has your condition affected your family life and/or relationships? \_\_\_\_\_  
\_\_\_\_\_

If left uncorrected, how do you see your condition affecting your life over the next 1-5 years? \_\_\_\_\_  
\_\_\_\_\_

What is your greatest motivation (other than pain) for seeking out a solution for your condition?  
(Mobility, quality of life, family, participation in sports, etc.) \_\_\_\_\_  
\_\_\_\_\_

Do you believe that this condition can improve? \_\_\_\_\_  
\_\_\_\_\_

**INFORMED CONSENT TO HERRON FAMILY CHIROPRACTIC ADJUSTMENTS AND CARE**

Our goal is to locate and correct vertebral subluxation, thereby restoring normal function to the spine, and removing any interference to nerve function, and maximizing the transmission of nerve impulses from brain to body. While we often see dramatic improvements in many diseases and conditions by restoring function to the spine and removing nerve interference, Chiropractic is not a treatment of any disease condition.

I understand and I am informed that, as in all health care, in the practice of Chiropractic there are some possible risks to care including, but not limited to, minor strains and sprains, and disc injuries. 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 strokes, or stroke-like occurrences, which are usually of a temporary nature. The chances of this happening are less than 1 in 5.8 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, most effective forms of therapy for neck conditions. If you have any questions about this, please ask your Chiropractor.

I understand that any insurance coverage is an arrangement between the insurance company and myself. I understand that your Chiropractic Clinic will prepare any necessary reports and forms to assist me in submitting a claim to the insurance company. Furthermore, I understand and agree that all services rendered, are charged directly to me and that I am personally responsible for payment.

I have read the above statements and consent to treatment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Consent to evaluate and adjust a minor/child**

I, \_\_\_\_\_, being the parent / legal guardian of \_\_\_\_\_ have read and fully understand the above terms of acceptance and hereby grant permission for my child to receive chiropractic care.  
Date \_\_\_\_\_



# CAUSATION ANALYSIS

## EXERCISE

Do you participate in aerobic exercise at least 30 minutes per day?

- 0 days /week                       1-2 days /week  
 3-4 days /week                     5-7 days /week

Do you lift weights or do resistance training?

- Yes  
 No  
 Occasionally  
 Other \_\_\_\_\_

What activities are you involved in that require balance?

- \_\_\_\_\_                       None

How often do you stretch per week?

- 0 days /week                       1-2 days /week  
 3-4 days /week                     5-7 days /week

## EMOTIONAL STRESS

Are you currently experiencing, or have you ever experienced significant stress in the following areas?

- Marriage \_\_\_\_\_  
 Kids \_\_\_\_\_  
 Finances \_\_\_\_\_  
 Work \_\_\_\_\_  
 Elderly Parents - Caregiver \_\_\_\_\_  
 Recent Major Life Events (births, deaths)  
\_\_\_\_\_

## FAMILY HEALTH HISTORY

What significant health concerns have your family members experienced?

Parents / Siblings: \_\_\_\_\_  
\_\_\_\_\_

Spouse / Partner: \_\_\_\_\_  
\_\_\_\_\_

Children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CHEMICAL STRESSES: NUTRITION

Do you feel that you make healthy food choices?

- Yes     No     Don't Know

Do you have a high intake of fruits and vegetables?

- Yes     No     Don't Know

Do you have a high intake of lean meat for protein?

- Yes     No     Don't Know

Are you at your ideal body weight?

- Yes     No     Don't Know

## CHEMICAL STRESSES: TOXIC LOAD

Do you presently, or have in the past:

- Smoke?                                       Carry excessive weight?  
 Consume Alcohol?                       Take recreational drugs?

## MEDICATIONS

For what condition(s)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SURGERIES

For what condition(s)? List (year performed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other details that may assist the Doctor in understanding your lifestyle and health status: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# WHAT YOU CAN EXPECT NOW

## YOUR FIRST VISIT

Today we have started a discovery process with you to determine the source of your health concerns.

### **THIS HAS INCLUDED:**

1. DISCOVERY - questionnaire.
2. A CAUSATION analysis

## NEXT WE WILL GO THROUGH:

3. A detailed HEALTH HISTORY with one of our exam specialists.
4. A thorough SPINAL EXAMINATION by your doctor, to determine any abnormal alignment and motion patterns, and how this is detrimentally affecting the central and peripheral nerve systems and organ function (subluxation).
5. ANY FURTHER IMAGING STUDIES that may be necessary such as X-Rays.

### **YOUR NEXT APPOINTMENT:**

After the examination, your doctor will determine if you have roadblocks to healing caused by abnormal alignment or abnormal motion of your spine (subluxations) and if you are a good candidate for structural Chiropractic care. Your doctor will then arrange for your next visit, which is the Doctor's Report. The purpose of the Doctor's Report is to review with you the findings from your consultation and examination.

At the Doctor's Report, the doctor will give a detailed overview of how structural Chiropractic care works and the scientific evidence supporting the specialized work that we do. The doctor will also review the **Health Restoration** action plan. This will be done in a small group setting with other new patients.

We know that there is tremendous power in you fully understanding your problem and how we will work with you to correct it. That is why the Doctor's Report is detailed and very informative.

We encourage you to bring your spouse/family member/close friend to the Doctor's Report with you. Health information is complex and it can be difficult to explain your results and the **Health Restoration** action plan if they are not present at the report. Having support and understanding at home is important to your complete recovery.

After the presentation, your doctor will privately review the results of your examination and X-Rays. Your doctor will outline a course of care, discussing how long it will take to correct your spine, how often you will come in for your adjustments, and the financial investment for your care and correction. At that point you will be able to decide how you would like to proceed.

### **YOU ARE IN GOOD HANDS. YOUR HEALTH IS OUR #1 PRIORITY.**

Thank you for giving us the privilege to determine if we can help you become fully alive.