

PORTER FAMILY CHIROPRACTIC CENTER

Our *ultimate goal* for you is to help your entire body and its organs to perform at their highest level possible helping you to attain and then maintain maximum health. In order for us to further evaluate your areas of malfunctioning health conditions, please circle the answers to all the questions below. Please indicate if the problem pertains to you, your spouse, or another family member (mom, dad, child).

Name _____ Date _____

Occupation _____ Age _____

	You	Spouse	Family	Parent (M/F)
1. Have you ever had any problems with your Heart? High or Low Blood Pressure, High or Low Pulse Rate, Placquing of Arteries, Pains in Chest, Heart Attack(s), or other. _____	_____	_____	_____	_____
2. Have you ever had any problems with your Lungs? Difficulty in Breathing, Asthma, Shortness of Breath, Bronchitis, Pneumonia or Other. _____	_____	_____	_____	_____
3. Have you ever had any problems with your Stomach? Indigestion, Heartburn, Upset stomach, Ulcers, Hiatal Hernia, Reflux, or Other. _____	_____	_____	_____	_____
4. Have you ever had any problems with your Digestive System? Constipation, Diarrhea, Gas, Bloating, Irritable Bowel Syndrome, or Other. _____	_____	_____	_____	_____
5. Have you ever had any problems in your Reproductive System? Women: PMS, Irregular Cycles, Menopause Infertility, Cysts of Ovaries or Uterus Precancerous Conditions, or Other. _____	_____	_____	_____	_____
Men: Prostate Enlargement, Difficulty in Starting Urination, Infertility, or Other. _____	_____	_____	_____	_____
6. Do you "Catch" Bugs/Viruses Easily (colds, flu, etc.)?	_____	_____	_____	_____
7. Have you ever had any problems with your Ears? Earaches, Ear Infections, Tubes in Ears or Scheduled Surgery for Tubes, Ringing in Ears, or Other. _____ _____	_____	_____	_____	_____
8. Have you ever had any problems with? Headaches, Migraines, Sinus Problems, Nose problems, Eye problems, Allergies, Sleep problems or Other. _____	_____	_____	_____	_____

- | | You | Spouse | Family | Parent (M/F) |
|--|-------|--------|--------|--------------|
| 9. Have you ever had any problems with your Kidneys/Bladder/Liver Difficulty or pain upon urination, Leaky Bladder, Blood Disorder(s), Kidney stones, Gallstones, Bladder infections, or Other. _____ | _____ | _____ | _____ | _____ |
| 10. Have you ever had any problems with your Pancreas? High or Low Blood Sugar, Taking Insulin or other Medications, or Other. _____ | _____ | _____ | _____ | _____ |
| 11. Have you ever had any problems with Hormonal Imbalances? Anxiety, Depression, Change of Life Hormonal problems, Thyroid problems, ADD/ADHD or Other. _____ | _____ | _____ | _____ | _____ |
| 12. Do you regularly take aspirin or other over the counter drugs? | _____ | _____ | _____ | _____ |
| 13. Have you ever smoked?
Do you smoke more than 10 cigarettes a day? | _____ | _____ | _____ | _____ |
| 14. Have you ever been diagnosed with any of the following: cancer, fibromyalgia, chronic fatigue, multiple sclerosis, lupus or other, give details.

_____ | | | | |
| 15. Do you have any other health problems or pain not mentioned above? Please describe where and how long you have experienced the problem(s).

_____ | | | | |
| 16. When you were born, were you delivered natural; vaginal with anesthesia, forceps, or vacuum extraction; or by c-section? _____ | | | | |
| 17. On a scale of 1-10, (1 being least important, and 10 being the most important) Describe the priority of your health. Your answer is: _____ | | | | |
| 18. Choose one of the following which best describes your health goal(s).
_____ Only interested in getting out of pain.
_____ To take my health beyond the absence of pain, and to regain my health even though it may take more time and effort.
_____ Once I attain my best health possible, I am interested in maintaining my new wellness state for as long as possible during my lifetime. | | | | |
| 19. I understand that my body is the ONLY one I'll ever have, therefore it makes sense to want to make it the "BEST" possible. Yes No | | | | |
| 20. I also understand that this is the ONLY <i>LIFE</i> I will ever enjoy, therefore I want to Learn as much as possible on how I can take care of it during the years to come.
Yes No | | | | |
| 21. Does it make sense to you that when you improve your health, it will in turn improve the <u>QUALITY OF YOUR <i>LIFE</i></u> ? Yes No | | | | |