

HEALTH, WELLNESS, and CHIROPRACTIC CARE

The human body is designed to function properly. Throughout life, stresses and traumatic events can damage the body and alter your life expression. The practice of chiropractic is the location and adjustment of spinal subluxations. These spinal subluxations may be caused by any stress to which your body cannot adapt. These stresses may be PHYSICAL, CHEMICAL, or EMOTIONAL in nature. Understanding the physical, chemical and emotional stresses that have acted upon your spine and nervous system assist in serving you. Please be as thorough as possible when completing the following form. Every question is pertinent to your care.

Name _____ Preferred Name to be called _____

Birthdate _____ Age _____ Preferred Pronouns _____ Referred by _____

Mailing Address _____ City, State, Zip _____

Home Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____ E-mail _____

Occupation _____ Employer _____ Wk Phone: _____ May we call your work? Y N

Business Address _____ City, State, Zip _____

Marital Status: S M D W E Partner Name _____ # of Children _____

How did you learn about office? Family / Friend / Phone call / Sign / Website / Workshop / Email / Ad

Other (please explain) _____ May we thank who referred you? Y N

Research shows that your spine should be checked regularly. How many times have you visited a chiropractor in your lifetime _____ Do you have a family medical doctor? Y N Who? _____

Date of last medical consultation and result? _____

Is there any chance you are pregnant? Y N

List any medications/supplements you are currently taking: _____

Has anyone in your family suffered a serious illness? _____

What is your motivation for seeking care in this office? _____

If we accept your case for wellness services, are you willing to follow the doctor's recommendations for recovery, health preservation and life enhancement? Y N If no, please explain: _____

HISTORY OF PHYSICAL STRESSES (circle all that apply)

BIRTH: Were there any complications with your birth?

	falls/injury	illness	difficult	other _____	
Was your birth:	natural/vaginal	home	hospital	drug induced	C section
	breech	forceps/suction	prolonged	cord around neck	traumatic

Comments or additional information: _____

GENERAL PHYSICAL TRAUMA: Have you been in an accident or near accident, involving a(n):

automobile motorcycle bus/train bicycle plane other

Explain with dates: _____

MEDICAL INTERVENTION:

hospitalizations	surgery	chemotherapy	cast/collars	traction	braces
shoe lifts etc.	physiotherapy	spinal tap	x-ray therapy	transfusion	
extensive dental	organ removal	acupuncture	extensive x-rays	other _____	

Comments: _____

FALLS: crib tree bicycle stairs skates on ice other _____

PHYSICAL TRAUMA:

physical fight	armed forces	abuse	knocked	unconscious	broken nose
used crutch/cane	childhood illness	Other _____			

Please describe **daily activities for work, home or school** such as **sitting, lifting, standing, phone work, sports, exercise, etc:** _____

How would you rate your posture? Poor -> 1 2 3 4 5 6 7 8 9 10 <- Excellent

HISTORY OF CHEMICAL STRESSES: (circle all that apply)

During your mother's pregnancy with you, did she: use prescription drugs use non-prescription drugs
chemically induce birth consume alcohol smoke unknown

Comments: _____

Have you and/or your family members been vaccinated? Y N

Do you or have you ever taken: prescription drugs over the counter drugs antibiotics other

Do you or have you ever worked with: chemicals fumes dust smoke

Do you consume: alcohol coffee/caffeine tobacco tap water recreational drugs
artificial sweeteners refined sugar meat other

Comments: _____

Please describe your eating habits: _____

HISTORY OF EMOTIONAL STRESSES:

How do you grade your physical health? Excellent Good Fair Poor Getting better Getting worse

How do your grade your emotional/mental health? Excellent Good Fair Poor Getting better Getting worse

How do you rate your overall quality of life? Excellent Good Fair Poor Getting better Getting worse

Each of these life stresses is a potential cause of spinal subluxation:

For those that apply note their severity on a 1-5 scale (1 is the easiest and 5 is the most difficult)

Childhood ____ Loss of a loved one ____ Recreation ____ Family ____ Work ____

Stress of illness ____ Relationships ____ Commuting ____ School ____ Abuse ____

Divorce/separation ____ Parents divorce ____ Financial ____ Lifestyle change ____ Other ____

Emotional/Mental stress can cause and/or accelerate spinal nerve dysfunction.

Rate your stress level over the last 90 days: Low - 1 2 3 4 5 6 7 8 9 - High

Over your life? Low - 1 2 3 4 5 6 7 8 9 - High

Comments: _____

If you consider yourself ill, why do you feel you are ill? _____

If you consider yourself well, why do you feel you are well? _____

Which are you more interested in? Crisis and emergency care Wellness and maintenance care

Have you ever or do you currently receive the following vehicles toward growth, healing or personal development? Circle all that apply and list any comments you wish to share:

Chiropractic Somato-respiratory integration Bodywork Massage Osteopathy Meditation
Psychotherapy Movement or exercise Prayer Rebirthing Reiki other _____

Comments: _____

Is there anything else you may wish to share which may help us to better understand you, and why you have chosen to come to this office? _____

Print Name _____ Date of Birth _____

Signature _____ Today's date _____