

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 _____ Home Phone _____

Home Address _____ Work Phone _____ Cell Phone _____

City, State, Zip _____ E-mail _____

Birthdate _____ Age _____ Referred by _____

Occupation _____ Employer _____ May we call your work? Y N

Business Address _____ City _____ State _____ Zip _____

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

A caring family member or friend refers most practice members at our office. Friend/Family/Other (circle one) _____

What made you decide to visit our office? Phone call Yellow Pages Sign Website Workshop Email Other

Research shows that your spine should be checked regularly. How many times have you visited a chiropractor in your

lifetime: _____ Never Do you have a family medical doctor? Y N Who? _____

Date of last medical consultation and result? _____

List any medications/supplements you are currently taking _____

Has anyone in your family suffered a serious illness? _____

FOR WOMEN: Spinal health is especially important during pregnancy. Is there any chance you are pregnant? Y N

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 (check all that apply)

BIRTH Were there any problems with your mother's pregnancy with you?

falls/injury illness difficult other _____

Was your birth:

drug induced C section breech natural forceps/suction
prolonged cord around neck home hospital traumatic

Comments or additional information: _____

GENERAL PHYSICAL TRAUMA: Have you had an accident or near accident, even as a passenger, 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 other
organ removal acupuncture extensive x-rays

COMMENTS: _____

FALLS: from crib tree bicycle steps skates on ice
physical fight armed forces abuse unconscious broken nose
used crutch/cane major dental work childhood illness

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

POOR POSTURE is a sign of nerve distress: How would you rate your posture? Poor – 1 2 3 4 5 6 7 8 9 – Excellent

HISTORY OF CHEMICAL STRESSES (check 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 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 (check all that apply)

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 and 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?

Check 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** _____

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? _____

In Network care people report changes in their physical states, mental and emotional states, their body's ability to adapt to stresses, achieve a heightened quality of life and make positive lifestyle choices. Which of these would most excite you to share Network care with your friends and family? _____

Signature _____ Today's date _____