

Personal Information and History

Today's Date _____

Name _____ Home Phone _____ Bus. Phone _____

Cell Phone _____ What is the best way to reach you? Cell, Text, email, Home.

Street Address _____ Town _____ Zip _____

Date of Birth _____ Age _____ M _____ F _____ Marital Status _____ No. of Children _____

Names of Children _____ Spouse _____

Occupation _____ Hobbies and Interests _____

Who referred you to our office? _____ email address: _____

Have you received chiropractic spinal adjustments before? _____

If yes, when and by whom and how long? _____

What would you do. activities, family, sports.. if your current health challenge changed for the better?

What is your biggest health concern right now? _____

What is your biggest health concern for the future? _____

If you have children. What is your main concern for the health and development or your children

Current Medications: _____

Name of Primary Physician: _____

Are you aware of any trauma associated with your birth? Forceps? Vacuum extraction? C-Section?

Cord around the neck? Induction? _____

Please explain and give approximate dates.

Have you ever: Been knocked unconscious? _____

Broken any bones? _____

Sports injuries? Work related injuries? _____

Motor vehicle accidents? _____

Surgery? Traction? Heel lift? Spinal Tap? Physical therapy? Neck collar? Cast? Other? _____

Have you experienced chemical trauma or exposure? Smoking? Anesthesia? Prolonged drug use?

paint fumes? _____

Please circle any of the following that apply to you, note whether past (p) or current (c), and the rate each mild (+), moderate (++), or severe (+++).

Childhood stress _____ Family Stress _____

Personal related stress _____ Stress of being sick _____

Work related stress _____ Stress of commuting _____

Loss of a loved one _____ Stress of moving _____

Change of job or lifestyle _____ Physical/psychological/emotional trauma _____