CHIROPRACTIC HEALTH QUESTIONAIRE

Name____ Date______________

Home Phone________________ Work Phone________________ Cell Phone________________

Address____

City, State, Zip______________________________ Email Address______________________

Birthdate________________ Age__________ SS#______________________________

Occupation____________________________ Employer______________________________

Marital Status: M W D S Engaged Spouse's/Fiancé's name______________________________
No. of Children____ Kid's names: ____

1. Most patients are referred to our office by a caring family member or friend. What made you decide to visit our office?
❑Friend or Family Member Name: ______________________________ ❑Drove by our office
❑Yellow Pages ❑Sign ❑Newspaper ❑Presentation ❑Health Fair ❑E-mail ❑Other____________________

2. Research shows that your spine should be checked regularly. How many times have you visited a Doctor of Chiropractic in your lifetime?____ ❑Never

3. When was your last complete spinal examination including x-rays?__________________________ ❑Never

4. Stress and Physical trauma will cause and accelerate spinal damage.
Have you ever been in a car accident? ❑no ❑yes- when & how:______________________________
Have you ever had non-car-related accidents (even minor)? ❑no ❑yes- when & how:____________________
Have you ever had a fall or sports injury? ❑no ❑yes- when & how:______________________
Do you, or have you ever, work at a desk or a computer? ❑yes ❑no
Do you, or have you ever, have to perform repeated lifting? ❑yes ❑no
How would you rate the amount of stress in your life? ❑low ❑moderate ❑high

5. The normal jolts, twists and impacts from sports can cause damage to the spinal column and nervous system. Which sports have you participated in? In childhood:____________________ Adulthood:__________________

6. Prescription and over-the-counter medications may cause various side effects, hide the severity of health problems and hinder the body's ability to heal. What medications are you currently taking and what are they for? ______________
____

7. Auto and work-related injuries can cause serious spinal problems. Is this visit related to an accident or injury?
❑yes ❑no If yes, when was it? ____

8. Spinal health is especially important during pregnancy. Is there any chance you are pregnant?
❑yes ❑no If yes, how far along are you? ______________________________________

9. At our office we are not only interesting in your health and wellbeing, but also the health and wellbeing of your family and loved ones. Please mention below any health conditions or concerns you may have about your:
Children____
Spouse____
Mother____
Father____
Brothers____
Sisters____
Others____

10. Please provide the date and location of your previous tests:
Date of x-rays: ________________ Where they were taken: ____________________ ❑None
Date of MRI: ________________ Where it was taken: ____________________ ❑None
Date CT Scan: ________________ Where it was taken: ____________________ ❑None
Date Other(________________):______________ Where it was taken: ____________ ❑None

11. Please state any other health concerns that you have:______________________________________
____
____

-PLEASE TURN THIS FORM OVER AND CONTINUE-

TERMS OF ACCEPTANCE

When a patient seeks chiropractic health care and we accept a patient for such care, it is essential for both to be working for the same objective.

Chiropractic has only one goal. It is important that each person understands both the objective and the method that will be use to attain it. This will prevent any confusion or disappointment.

Adjustment: The adjustment is the specific application of forces to facilitate the body's correction of vertebral subluxation. Our chiropractic method of correction is by specific adjustments of the spine.

Health: The state of optimal physical, mental and social wellbeing, not merely the absence of disease or infirmity.

Vertebral subluxation: A misalignment of one or more of the bones in the spinal column, pelvis or at the base of the skull which causes alteration of nerve function and interference to the transmission of nerve impulses, resulting in a lessening of the body's innate ability to express its maximum health potential.

We do not offer to diagnose or treat any disease. We only offer to diagnose either vertebral subluxations or neuro-musculoskeletal conditions. However, if during the course of a chiropractic spinal examination we encounter non-chiropractic or unusual findings, we will advise you. If you desire advice, diagnosis or treatment for those findings, we will recommend that you seek the services of another health care provider.

Regardless of what the disease is called, we do not offer to treat it. Nor do we offer advice regarding treatment prescribed by others. OUR PRACTICE OBJECTIVE is to eliminate major interference to the expression of the body's innate wisdom and healing ability. Our method is using adjustments to correct vertebral subluxations. However, we may use other procedures to help your body hold the adjustments.

I have read and fully understand the above statements and I have answered all of the questions in this form to the best of my ability.

All questions regarding the doctor's objective pertaining to my care in this office have been answered to my complete satisfaction.

I therefore accept chiropractic care on this basis.

____ ________________________
(Print Name) (date)

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(Signature)

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Consent to evaluate and provide care for a minor child:

I, __________________________ being the parent or legal guardian of ______________________ have read and fully understand the above terms of acceptance and hereby grant permission for my child to receive chiropractic care.

____ ________________________
(Signature) (date)

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Office Use Only:

FFV- CL C T L TO AO CO TXO- C T L MRI- C T L OTHER____________________________

X MRI CT NEMG DC ER OTHER______________________