PERSONAL DATA

*Today's Date*_____

Name _____ *Age* _____ *Date of Birth* _____

*Both Parent's names (if you are under 18)*_____

Home Address _____ *City* _____ *State* _____ *Zip* _____

Home phone (____) _____ *Business Phone (____)* _____

Cell Phone (____) _____*Carrier*_____

*E-mail address*_____

Occupation _____ *Employer* _____

Marital Status ❑ *S* ❑ *M* ❑ *D* ❑ *W* *Spouse/Partner* _____

*Names and Ages of Children*_____

Whom may we thank for referring you to our office? _____

REASON FOR SEEKING CHIROPRACTIC CARE

What concerns do you feel Well Spine KC can address for you? _____

_____

Are these concerns affecting your quality of life? (Please circle all that apply)

Work:	*Y*	*N*	*Driving:*	*Y*	*N*	*Sleep:*	*Y*	*N*
School:	*Y*	*N*	*Walking:*	*Y*	*N*	*Sitting:*	*Y*	*N*
Exercise/sports:	*Y*	*N*	*Eating:*	*Y*	*N*	*Love life:*	*Y*	*N*

HEALTH CARE PRACTITIONER HISTORY

Have you ever received Chiropractic care? ❑*Y* ❑*N* *Name of D.C.* _____

How long under care? ❑_____*Days* ❑_____*Weeks* ❑_____*Months* ❑_____ *Years*

Date of last visit: _____*Why did you stop care?*_____

Have you consulted or do you regularly consult any of the following providers? (check all that apply)

❑ *Medical Physician* ❑ *Naturopath* ❑ *Acupuncturist* ❑ *Homeopath*

❑ *Massage Therapist* ❑ *Psychotherapist* ❑ *Energy Healer* ❑ *Dentist*

Reason: _____

FOR WOMEN

Are you pregnant? *Y* *N* *Date of last menstrual period:* _____

If x-rays are recommended, your signature is required (below) to verify that you are <u>not pregnant</u>.

Signature: _____*Date:*_____

If pregnant, Due Date: _____ *Name of OBGYN or Midwife*_____

Where will you be birthing your baby? ❑ *Hospital* ❑ *Home* ❑ *Birthing Center* ❑ *Other*_____

The primary system in the body, which coordinates health, is the NERVE SYSTEM.

The vertebrae (bones of the spinal column) surround and protect the delicate NERVE SYSTEM. Injury to the SPINE and NERVE SYSTEM is a condition called VERTEBRAL SUBLUXATION. VERTEBRAL SUBLUXATION results in nerve malfunction due to vertebral/spinal misalignment.
Vertebral Subluxations can have Physical, Emotional and Chemical causes and effects.

The information below will help us to see the types of PHYSICAL, EMOTIONAL & CHEMICAL stresses you have been subjected to in your life, how they may relate to your present spinal, nerve and health status and whether they may have caused Vertebral Subluxations to occur.

PHYSICAL STRESS: BIRTH AND INFANCY

The birth process can traumatize a baby's spine and cause damage to the spine & nerve system. Please CHECK where and how you were birthed. (If you do not know, please skip to next question)

❑ *Home*	❑ *Natural*	❑ *Hospital*	❑ *Caesarian section*	❑ *Forceps*
❑ *Breech*	❑ *Cord around neck*	❑ *Prolonged labor*	❑ *Drug induced labor*	❑ *Suction*

PHYSICAL STRESS: CHILDHOOD THROUGH ADULT

The minor & often ignored repetitive physical traumas that we have endured are often too numerous to list. With regard to the major traumas that you remember from your childhood up to the present, have you had any accidents due to any of the following? (Check all that apply)

❑ *Automobile* ❑ *Motorcycle* ❑ *Bicycle* ❑ *Sports* ❑ *Playground* ❑ *Abuse*

If yes, state type of injury and date: _____

_____

Have you ever hurt, broken, fractured, sprained, injured or felt pain in any bones or joints (spine, head, neck, ribs, chest, upper or lower back, pelvis or hips, legs or arms)? ❑ *Y* ❑ *N*

If yes, list body parts injured and dates of injuries: _____

_____

Have you ever been hospitalized or had surgery? ❑ *Y* ❑ *N*

If yes, state reason and dates: _____

EMOTIONAL STRESS: CHILDHOOD THROUGH ADULT

It is difficult to separate the emotional stress in our life from the physical response that often occurs. Please indicate if you are now experiencing, or you remember experiencing a significant emotional event indicated below:

Childhood Trauma Y N	*Loss of loved one Y N*	*Abuse Y N*
Work/School Stress Y N	*Divorce/separation Y N*	*Financial Stress Y N*
Lifestyle change Y N	*Parents divorce Y N*	*Illness Y N*

CHEMICAL STRESS: CHILDHOOD THROUGH ADULT

Chemical stress can occur when a substance, that is toxic to the body, is breathed, injected, taken by mouth, or placed on the skin (e.g.: food allergies, drug reactions, exposure to chemicals in the air, etc.) The following will reveal exposures you may have had.

Were you vaccinated? ❑ ***Y*** ❑ ***N*** ***If yes, did you have a reaction?*** ❑ ***Y*** ❑ ***N*** ❑***Unsure***

Have you been exposed to any of the following on a regular basis (either in the past or presently)?

❑ ***Toxic chemicals*** ❑ ***Second hand smoke*** ❑ ***Drug therapy***

❑ ***Radiation*** ❑ ***Chemotherapy*** ❑ ***Other***

If yes, please list:_____

Do you have allergies or sensitivities to any foods? ❑ ***Y*** ❑ ***N*** ***If yes, please list:***

_____

Do you <u>presently</u> consume any of the following?

❑ ***Coffee/caffeine*** ❑ ***Alcohol*** ❑ ***Tobacco*** ❑ ***Over the counter drugs*** ❑ ***Prescribed drugs***

Amount_____/day _____***/day*** _____***/day***

Please list all medications (prescribed <u>and</u> over the counter): It is most helpful that you list all medications as they often impact your care._____

_____

_____

QUALITY OF LIFE (presently)

How do you grade your physical health?	❑ ***Good***	❑ ***Fair***	❑ ***Poor***
How do you grade your emotional/mental health?	❑ ***Good***	❑ ***Fair***	❑ ***Poor***
How do you rate your overall "quality of life"?	❑ ***Good***	❑ ***Fair***	❑ ***Poor***

Do you exercise regularly? If yes, how often? _____

Do you take supplements? If yes, please list: _____

Do you follow a special dietary regime? _____

YOUR EXPECTATIONS FROM CHIROPRACTIC CARE

I would like to experience the following benefits from Chiropractic Care: (Check all that apply)

❒ ***Relief of a symptom or problem*** ___***Relief and Prevention of a symptom or problem***

❒ ***Healthier spine and nerve system*** ___***Optimal health on all levels***

❒ ***OTHER***_____

Thank you for choosing Well Spine KC! We look forward to helping you.