

Adult Health History Forms

Patient Name: _____
Address: _____ City: _____ Postal Code: _____
Home Phone: _____ Cell: _____ Work: _____
Age: ____ Birthdate: _____ Marital Status: **M S W D** Spouse: _____
No of Children/Ages: _____ Referred By: _____
Email address: _____

About Your Health:

The human body is designed to be healthy. Throughout life, events occur which damage your health expression. This case history will uncover the layers of damage, especially to your nerve system, that have resulted in poor health. Following your exam, your chiropractor will outline a course of care to begin to correct these layers of damage and recover your innate health potential.

Loss of Whole Body Health (Birth to Present):

From birth, certain stresses in your life start to produce layers of damage to your spine and nervous system. Eventually, you may have begun to experience symptoms and random bouts of sickness.

Birth Process/Growth Development:

Was your delivery difficult? Yes No Were you breast fed? Yes No
 Forceps Cesarean Breech

Childhood sickness? Please list _____

Ear Infections? Yes No Were you given antibiotics? Yes No

Were you yanked by the arm? Yes No

Have you fallen down the stairs? Yes No

Age 5 to Present...

Were you taught proper body movement and care? Yes No _____

Do/Did you smoke? Yes No Do/Did you drink alcohol? Yes No

Diet – Do you eat healthy foods? Yes No _____

Have you had surgery? Organs removed/replaced? Yes No _____

Drugs – prescription or not prescription: _____

Teeth problems? _____

Eye problems? Yes No Hearing problems? Yes No

Exercise regularly? Yes No _____

Sleeping habits (hrs/night)? _____ Broken Unbroken

Age of mattress _____ Is it comfortable? Yes No

Sleeping Posture: Side Stomach Back

Did/do you have occupational stress? Yes No

Physical stress? Yes No _____ Emotional stress? Yes No _____

Hobbies/sports injuries? Yes No _____

Other traumas/problems: _____

FOR DOCTORS USE ONLY

History

Description of present
complaint:

MVA:

Sports:

Falls:

Birth:

Occupation:

Other:

Symptoms and Ill Health (Present State of Health):

Have you had previous chiropractic care? Yes No

If yes, where? _____ When? _____

Why? _____

Were x-rays taken? Yes No

What is your major complaint presently? _____

How long have you had this condition? _____

What activities aggravate your condition? _____

What relieves your condition? _____

Are you getting numbness/tingling? Yes No

Arms Hands Head Buttock Legs Calf Foot

Is your condition getting progressively worse? Yes No It's constant

How painful/problematic is this on a scale of 1-10 (where 10 is severely painful or problematic)? _____

Pains are: Sharp Dull Burning Tight Throbbing

Is this condition interfering with your: Work Daily routine Other _____

Other doctor(s) who treated this condition: _____

List all surgical operations and years: _____

Drugs you now take: Anti-inflammatory Pain killers Muscle relaxants

Blood pressure Tranquilizers Insulin Birth control Other: _____

Are you wearing: Heel lifts Sole lifts Inner soles Arch supports

Have you been in an automobile accident? No Past year 2-5 years 5+ years

Describe accident: _____

Have you had any other personal injury or accident? _____

Date of last physical exam? _____

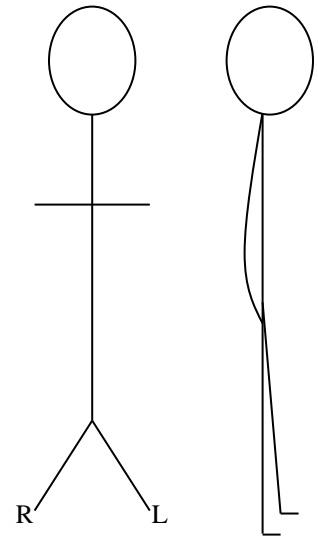
Signature: _____

Date Signed: _____

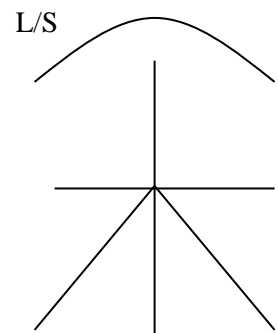
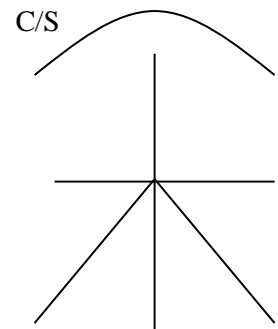
FOR DOCTORS USE ONLY

Exam

Posture:



ROM:



Heel to toe walk: N +

Subluxations:

C1	T1	7	L1	SI	R
2	2	8	2		L
3	3	9	3		
4	4	10	4	sa	1
5	5	11	5		2
6	6	12			3
7					

Your Informed Consent

Although Chiropractic is reported to be the safest health care system in the world, some say there are very slight risks associated with it. We feel that it is responsible to let you know:

- a. Risk of stroke is reported to be 1 in 5-8 million or so... and the cause has yet to be determined.
- b. While extremely rare, there have been reports of ligament sprains, and even fractures reported.
- a. There have been rare reports of disc injuries, although no clinical scientific study has ever demonstrated chiropractic care to be the cause.

Chiropractic care has been proven to be both clinically and very cost effective. The risk of injuries and complications is so small that chiropractors carry the lowest malpractice insurance premiums of all the health care professions in the world. Compared to traditional medical/drug/surgical care, which has a yearly death rate of approximately 200,000 people in North America, chiropractic is your safest health care system.

I have read and understand the above consent, and have had the opportunity to discuss it with my chiropractor.

Your Name: _____

Date: _____

Your Signature: _____

Our Fee Structure

Please note our fees for your initial visit:

Consultation	Complimentary
Initial Visit	\$100.00
Radiology	\$85.00

Please note that if you have been involved in a motor vehicle accident, our fee structure may differ due to the complexity of your needs in such cases.