Chiropractic Massage Acupuncture Detoxification Organic Facials

Name ______________________ E-mail ______________________ Date __________

Address ______________________ City __________ State ______ Zip ______

H. Phone (_______) __________ Cell# (______) __________ W. Phone (_______) __________ D.O.B. __________ Age _____

Referred by ______________________ Social Security # ______________________

Occupation ______________________ Employer ______________________

Marital Status S M D W Spouses Name ______________________

Are you pregnant? What week? ______________________ Number of Children and Ages ______________________

Have you ever received Chiropractic Care? ❑ Yes ❑ No ❑ Within 1 year ❑ Over 1 year Did you have a good experience? ❑ Yes ❑ No

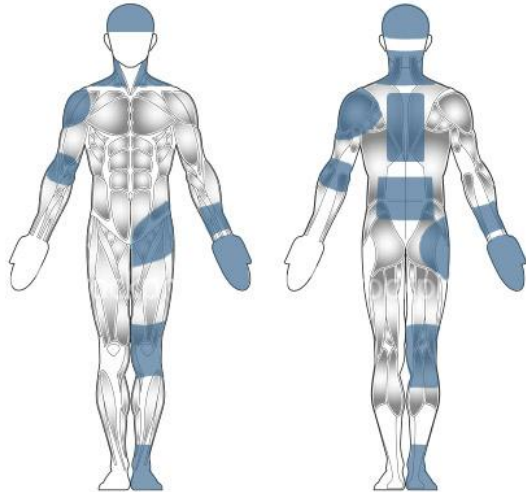
Have you ever received Massage Therapy Before? ❑ Yes ❑ No ❑ Within 1 year ❑ Over 1 year Did you have a good experience? ❑ Yes ❑ No

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 that have resulted in poor health & brought you here today.

Yes	No		Patient Comment if answer is Yes	Chiropractor's Comments
		1. When you were Born 2. When you gave birth		
❑	❑	1a. Did your mother complain of a difficult delivery?		
❑	❑	1b. Were you born with Forceps or Caesarean?		
❑	❑	2a. Number of Vaginal Deliveries?		
❑	❑	2b. Number of Caesarean Deliveries?		
❑	❑	2c. Pain during past pregnancy? Where?		
❑	❑	2d. Complications during past pregnancy?		
❑	❑	2e. If pregnant, pain during this pregnancy? Where?		
❑	❑	2f. If pregnant, complications during this pregnancy?		
		2. Growth and Development (1-18 y/o)		
❑	❑	Did you have head injuries as a child?		
❑	❑	Did you fall out of bed? Fall downstairs?		
❑	❑	Chair pulled out when sat down?		
❑	❑	Were you picked on by siblings?		
❑	❑	Chronic childhood sicknesses?		
❑	❑	Childhood car accidents?		
❑	❑	Physical Child abuse?		
❑	❑	Emotional stress during childhood?		
❑	❑	Did you have other traumas? (i.e. sports injuries)		
❑	❑	Surgery / stitches?		
		3. Current Health Habits		
❑	❑	Did/do you smoke? Drink? #per day		
❑	❑	Diet (outline typical Breakfast, Lunch, Dinner)		
❑	❑	Do you take Multivitamin❑ Omega 3❑ Probiotic❑ Other?		
❑	❑	Do you exercise?		
❑	❑	Do you sleep well? Hours? Side ❑ Back ❑ Stomach❑		
❑	❑	Do you have Physical Stress? (rate on 1 to 10 scale)		
❑	❑	Do you have Mental Stress? (rate on 1 to 10 scale)		

Yes	No	Injuries as an Adult
❑	❑	Have you been in car accidents as an adult?
❑	❑	Have you had surgery and organs removed/replaced?
❑	❑	Sports injuries as an adult?
❑	❑	Falls as an adult?
❑	❑	Other?



PLEASE MARK YOUR AREA(s) OF PAIN

Have you been under drug and medical care?

What medications are you taking?

Have you had an Xray/MRI in past 3 years?

Have you had blood testing/regular checkup?

Is there a family history of:

❑ Heart Disease ❑ Cancer ❑ Diabetes

❑ Arthritis ❑ Other__________________

Symptom(s) that brought you to us?

Years of continuing damage eventually show up as acute or chronic symptoms.

Present Complaint (be brief)

Major

Pain or Problem started?

Previous Episodes?

Pains are: ❑ Sharp ❑ Dull ❑ Constant ❑ Intermittent

What activities aggravate your condition/pain?

What activities lessen your condition/pain?

Is condition worse during certain times of the day?

Is this condition interfering with work? Sleep? Routine? Other?

Is condition getting progressively worse?

Other Doctors seen for this condition

Other symptoms:

❑ Headaches	❑ Pins & Needles in Legs	❑ Fainting/Nausea
❑ Neck Pain/Tension	❑ Pins & Needles in Arms	❑ Difficulty Urinating
❑ Sleeping Problems	❑ Numbness in Fingers	❑ Osteoporosis/Osteopenia
❑ Back Pain/Tension	❑ Numbness in Toes	❑ Disc Problems
❑ Pain w/ sneeze or cough	❑ Shortness of Breath	❑ Insomnia
❑ Pain w/ standing (from sitting)	❑ Fatigue/low energy	❑ Allergies
❑ Weakness	❑ Depression/Anxiety	❑ Stomach Upset
❑ Chest Pains	❑ Diabetes/frequent urination	❑ Constipation
❑ Dizziness	❑ Cancer/sudden weight loss	❑ Diarrhea
❑ Heart Conditions	❑ Blood Clots	❑ Loss of Balance
❑ Circulatory Conditions	❑ Infections	❑ Other_________________

About Us: **We want to give people more miracles that become the standard of care. We believe integrative health is the way to do that.**