

Patient Application

Date: ____/____/____

Full Name: _____

Address: _____ City: _____ State: _____

Zip: _____ Cell Ph: _____ Work / Other Ph: _____

Email: _____ Gender: ___ M ___ F Age: _____

Birth Date: ____/____/____ SSN#: ____-____-____ Marital Status: ___ S ___ M ___ LS ___ D ___ W

Occupation: _____ Employer: _____

Spouse Name: _____ Ph: _____

How did you hear about us? _____

CHIROPRACTIC EXPERIENCE

Have you seen a Chiropractor before? ___ YES ___ NO When? _____

Reason for previous chiropractic care? _____

How did you respond to care? _____

Have you had X-rays, MRI, CT-Scan? ___ YES ___ NO Where? _____

PURPOSE FOR THIS VISIT

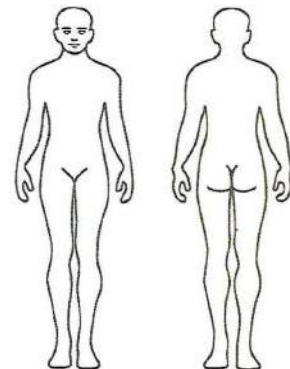
Reason for this visit: _____

Describe your symptoms: _____

Describe the pain: _____

How intense are your symptoms: *No Symptoms* 0 1 2 3 4 5 6 7 8 9 10 *Intense Symptoms*

Please circle areas on the diagram where you have pain or other symptoms:



HEALTH CONDITIONS

Abnormal postural habits or distortions are the result of trauma or stress to the body that have misaligned the vertebrae in your spine. When those vertebrae are twisted from their normal position, they cause stress to the spinal cord and the delicate nerves that pass between the vertebrae. These misalignments are called subluxations. It has been extensively documented that subluxations, causing stress to your nerves, will weaken and distort the overall structure of your spine. This results in a weakened and distorted posture. Postural distortions have many serious and adverse effects on your overall health. The most common and detrimental postural distortion is called Forward Head Syndrome (a “hunched forward” posture starting at the neck and progressively moving down your spine weakening the entire body). Please check all health condition(s) that you may be experiencing now or have experienced in the past.

Cervical Spine (Neck): Postural subluxations in your neck will weaken the nerves into your arms, hands, and head affecting the following areas of your body. Are you experiencing any of the below symptoms?

Neck Pain Headaches Sinusitis Dizziness Allergies Allergies Recurrent colds
 Pain in shoulders/arms/hands Numbness tingling arms/hands Low energy/Fatigue
 Weakness in grip Thyroid conditions TMJ Pain/Clicking Coldness in hands

Thoracic Spine (Upper Back): Postural distortions from subluxations in your upper back will weaken the nerves to the heart and lungs affecting the following areas of your body. Are you experiencing any of the following symptoms?

Upper back pain Pain on deep inhaling or exhaling Shortness of breath
 Asthma/Wheezing Recurrent lung infections/bronchitis

Thoracic Spine (Mid Back): Postural distortions from subluxations in the mid back will weaken the nerves in your ribs/chest and upper digestive tract, affecting the following areas of your body. Are you experiencing any of the symptoms?

Mid back pain Nausea Pain into your ribs/chests Ulcers/Gastritis Reflux
 Indigestion/Heartburn Tired or irritable after eating or hungry Shortness of Breath

Lumbar Spine (Low Back): Postural distortions from subluxations in the low back will weaken the nerves in your legs/feet and pelvic organs, affecting the following areas of your body. Are you experiencing any of the following symptoms?

Low back pain Pain in your hips/legs/feet Numbness/tingling in legs/feet
 Coldness in legs/feet Muscle cramps legs/feet Weakness/injuries in your hips/knees/ankles
 Menstrual irregularities/abnormal cramping

Symptom Details

1. When did you first notice your symptoms: _____
2. Is this condition getting better worse staying the same?
3. Is this condition Constant Comes & Goes Activity Related
4. Does it interfere with Work Sleep Exercise Hobbies Daily Routine Self-Care

5. What activities aggravate your symptoms? _____
6. Is there anything that relieves your symptoms? YES NO Explain: _____

7. Have you experienced this condition before? YES NO Explain: _____

8. Have you seen anyone for this condition? YES NO If so, what did they do? _____

9. How did you respond? _____
10. Are you aware that poor posture has a negative impact on your health? YES NO
11. Have you noticed that you carry your head forward or that your shoulders are rounding? YES NO
12. Are you aware of any poor posture habits you may have? YES NO
13. If YES, explain? _____
14. Please list any health conditions not mentioned: _____

15. Please list any supplements (i.e. vitamins, minerals, herbs): _____

16. Please list any medications and surgeries: _____

Health Goals

1. When do you expect to get relief? _____

2. When do you expect complete resolution/results? _____

3. What do you think would happen with your condition if you do nothing? _____

4. What do you want? Do you want: *To be healthier* OR *Just not in pain*
5. What do you think would happen with your condition if you do nothing? _____

Signature of Patient / Guardian: _____ **Date:** _____

EMERGENCY CONTACT

Name: _____ Relationship: _____ Ph: _____