PLEASE TELL US ABOUT YOURSELF.

Name: (last)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(first)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mi)\_\_\_\_\_\_\_\_\_\_\_\_

Home Address (street)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone # (\_\_\_\_\_\_\_\_)\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone # (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ext #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender at birth\_\_\_\_\_\_\_\_\_\_\_Gender Preference\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Single\_\_\_\_\_\_ Married\_\_\_\_\_\_ Partnered\_\_\_\_\_\_\_Other\_\_\_\_\_\_\_

Spouse’s/Partner’s Name: (last)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(first)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone # (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Names and Ages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­Phone #(\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Whom may we thank for referring you to Inner Essence ?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for consulting and considering chiropractic? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How has this affected your life (family, occupation, recreation, concern for future health, etc?) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is there anything else you would like us to know? ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PERSONAL HEALTH HISTORY

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The body is designed to be healthy. Throughout life, events and experiences can occur which may have negatively affected the body’s expression of health. The following questions will help uncover possible types of input that may have impeded your body’s ability to full express your health potential. The science of Chiropractic revolves around the detection and release of nerve interference and tension patterns stored in the spine and throughout the body called subluxations. Subluxations are caused by physical, chemical, and emotional stresses to which the body cannot adapt. In order to understand the current state of your health, please be as thorough as possible with the following information.

Reason for seeking chiropractic care:

To experience a new level of health and healing \_\_\_\_\_\_\_\_\_ To relieve my pain \_\_\_\_\_\_\_\_\_

To be more connected to my body \_\_\_\_\_\_\_\_\_ Not sure\_\_\_\_\_\_\_\_\_ Other reason\_\_\_\_\_\_\_\_\_

What is your commitment to yourself, your health, and your wellbeing?

High \_\_\_\_\_\_\_\_\_ Medium \_\_\_\_\_\_\_\_\_ Low \_\_\_\_\_\_\_\_\_\_

Previous Chiropractic: Yes/No If Yes, date of last adjustment \_\_\_\_\_\_\_\_\_\_\_\_ Name of Chiropractor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for ending care? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently receiving medical attention and if so, for what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any medications you are currently taking (prescription and non-prescription): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please briefly describe your daily routine. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_

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Please list the 3 healthiest foods and the 3 least healthy foods you ate in the past 2 days. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What are your exercise habits? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How often do you exercise? 5-7 times per week \_\_\_\_\_\_ 3-4 times per week \_\_\_\_\_\_ 2-3 times per week \_\_\_\_\_ Not often enough \_\_\_\_\_

What are your current play/ relaxation activities? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How would your rate your current health? Poor Fair Average Good Excellent

How would you rate your family’s health? Poor Fair Average Good Excellent

Are you healthier now that you were 5 years ago? Yes/No Why?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you know the health history of your birth? Yes/ No Home\_\_\_\_\_\_\_ Hospital \_\_\_\_\_\_\_\_\_\_ Natural \_\_\_\_\_\_\_\_\_ Intervention \_\_\_\_\_\_\_\_

The following can contribute to the Vertebral Subluxation process. Please check any that apply (or applied) to you and if so when:

Physical Stress

* Birth Trauma
* Slip/Fall
* Car Accidents
* Sports Injuries
* Physical Abuse
* Heavy Physical Labor
* Poor Posture
* Heavy Computer Use
* Repetitive Movements
* Prolonged driving/standing

Emotional Stress

* Relationships
* Career
* Family
* Financial
* Pace of Life
* Quick Temper
* Holding in Feelings
* Perfectionism
* Procrastination
* Depression

Chemical Stress

* Environmental
* Smoker
* 2nd Hand Smoke
* Caffeine
* Alcohol
* “Diet/Sugar Free” Food
* Soda Intake
* Prescription Drugs
* Junk Food
* Recreational Drugs

What do you feel is the primary stress in your life? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are the 5 healthiest habits you currently choose in your life? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why is your health important to you (how will your life be better and what will you do once you reach your health goals? \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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In our office we are not only interested in your health and wellbeing but also in the health and wellbeing of your family and loved ones. Current research indicated that family heath patterns often emerge throughout life that can offer useful information about the health of the individuals. Please mention any health conditions or concerns you may have about your:

Spouse/ Partner:

Children:

Parents: (include significant medical history):

Siblings:

Dr. Heidi Walrath DC does not offer to diagnose or treat any symptom or disease condition. Our sole purpose at Inner Essence Healing Center is to analyze your system for subluxation patterns to help your body release them so it can fully express its innate ability to heal. Wellness is a dynamic equilibrium between health and disease. It exists when all organs of the body function 100% under the direction of the nervous system and the Innate Intelligence of the body. If during your assessment if a non-chiropractic finding arises, you will be informed and referred to an appropriate health care provider to serve you.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have answered the above questions to the best of my knowledge. Based on the information provided, I grant Dr. Heidi Walrath DC permission to assess, locate, and release my subluxation patterns.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Terms of Acceptance/ Philosophical Agreement**

When a person seeks chiropractic health care and we accept to provide such care, it is essential that we both have a clear understanding of our objectives and responsibilities in this special relationship.

The following concepts are central to the way chiropractic is practices in this office, I share these ideas so that we can be in alignment of purpose from the very beginning.

* There is an intelligence within each of us that keeps us alive that runs and coordinates all our physiological functions, repairs, renews, regenerates and heals.
* The Nervous System is the main coordinating and distributing system for the body’s innate intelligence.
* Alteration or distortion in the shape, position, tone, or tension of the Nervous System (especially in the spine) will interfere with the expression of this intelligence.
* Chiropractors call this interference to the proper functioning of the Nervous System a Vertebral Subluxation. A subluxation is caused by an alteration in the nerve function from experiencing either a physical, emotional, or chemical trauma overwhelmed the body and the body adapts by altering the communication channels between the brain and the body to adapt to the stress. The result is a lessening of the body’s innate ability to express its maximum health potential (protection, walls or barriers are now in place).
* An Adjustment is the specific and honing application of forces to facilitate the body’s release and integration of subluxation.
* The sole purpose of the chiropractic adjustment in this office is to assist your body to release vertebral subluxation and benefit the restoration of clear communication channels in the body. Everyone, regardless of their symptoms or ailments, will benefit from a nervous system, which is more flexible, elastic, and free from vertebral subluxations.
* We do not offer diagnosis or treatment for specific disease. Our only practice objective is to eliminate major interference to the expression of the body’s innate wisdom and to support your body to hold and integrate your adjustment. If you desire advice, diagnosis or treatment for specific disease, we encourage you to seek the council of a medical disease care specialist.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read the above statements and understand the doctor’s objectives pertaining to my care in this office. I accept chiropractic care on this basis.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_