

Welcome to the Strauss Chiropractic Center!

When a person seeks the services of a chiropractor, it is essential that they fully understand the objectives of that particular chiropractor.

We have one goal at the Strauss Chiropractic Center that is to restore and maintain the integrity of the spinal cord and its nerve roots. These vital nerve pathways are located in and protected by the bones of the spine. Misalignments of the vertebrae (bones of the spine) which interfere with the function of these nerve pathways are called **vertebral subluxations**. Subluxations are caused by many of the things you do **everyday** and keep your **whole** body from functioning properly. It is our absolute conviction that the **body is always better off without this interference**.

Consequently, the objective of the Strauss Chiropractic Center is to provide a chiropractic adjustment to correct subluxation thereby restoring normal nerve function. It is not the objective or intention of the Strauss Chiropractic Center to fix, treat or attempt to cure any physical, mental or emotional ailments or to give advice about any ailments. **With a proper nerve supply your whole body is better able to reach its full potential and to express more life.**

The information we receive from you is important. We ask only that which is necessary for your care here at the Strauss Chiropractic Center. Please fill out the forms completely and to the best of your ability. If you have any questions or if there is any information you feel we should know, please mention it to the chiropractor.

I, (we) _____, have read the above, understand it fully, and choose to receive chiropractic for ourselves and our family members (listed below) on this basis.

Date: _____

ABOUT YOU

FILE # _____

We need to be able to read what you write

NAME: _____
(Please Print)

Home Phone: _____

Work Phone: _____

E-mail: _____

Complete Address: _____

Apt. # _____ City/State: _____ Zip Code: _____

Date of Birth: _____ Sex: M ___ F ___ Occupation: _____

Name of Spouse: _____ Number of Children: _____

Children's Names & Ages: _____

Hobbies & Interest (what do you do for fun?) _____

Have you been to a chiropractor before? ___ Yes ___ No

If yes, who and when: _____

Have you been seen by a medical doctor for any reason in the last year?

___ Yes ___ No If yes, explain: _____

Do you have a family physician? ___ Yes ___ No

What is your objective in coming to this office? _____

If you have no specific problem but are here to have your spine checked for vertebral subluxation, check here ____.

Have you had any surgeries, falls, accidents or injuries? If yes, please list what and when:

List any complication during or after your own birth. Include forceps delivery, Caesarean, etc:

Thank you for choosing the Strauss Chiropractic Center.

Thank you again for choosing the Strauss Chiropractic Center. We want to assure you that we will provide you with the optimum in chiropractic service and recommendations in the most professional and honest manner.

To do this we will be conducting a chiropractic analysis of your spine. This may include some procedures that are not familiar to you. We will outline the process to you, but if you have any questions, you may ask any one of our staff members.

Once the analysis is complete and your subluxations (if any) have been corrected, we will present our recommendations to you. This will require some basic knowledge that may be new to you even if you have been to chiropractors in the past. Remember our findings are strictly chiropractic in nature and do not involve any other areas of your health.

We would like to begin this process with just a little more basic information about you. Please fill out the bottom of this page, paying special attention to the section "Reason For Consulting This Office." Be sure to read all the questions first and then mark the box that most accurately reflects your goals at this time.

NAME: _____

REFERRED BY: _____

Your age: _____

How would you rate your (circle):

Diet	Poor	Good	Excellent
Rest	Poor	Good	Excellent
Exercise	Poor	Good	Excellent

Your last visit to a chiropractor was (circle one):

Never 3 months ago or more Less than 3 months ago

On a scale of 1 to 10 (with 10 being the highest) what number best describes your occupational/personal life stress? _____

Are you healthier today than you were 5 years ago? _____

Do you believe you will be healthier in 5 years? _____

What do you regularly do (or plan to do) to improve your life and health?

REASON FOR CONSULTING THIS OFFICE (Please check one of the following three reasons.)

- I have no special problem; I understand the role of chiropractic in my general well-being.
- I have the symptom of a physical problem and I want to see if chiropractic will enable my body to work better. I am also interested in learning about the role of chiropractic in improving my expression of life and that of my family.
- I have a symptom and I am only interested in relief from it.

Again, welcome to our office. We look forward to a long, healthy relationship with you.