

KINGSBURY WELLNESS CENTER

PERSONAL HISTORY QUESTIONNAIRE

Date: _____

File #: _____

Name: _____ Street Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____ Home Phone: _____ Cell: _____

Business Phone: _____ ext. _____ email: _____

Date of Birth: _____ Age: _____ M _____ F _____ Marital Status: _____ No. of Children _____ Ages: _____

Social Security Number (optional): _____ Insurance Company: _____

How did you hear about our office? _____

PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR PERSONAL HISTORY:

Have you ever had your spine or nervous system examined professionally? Yes No

If yes, when, and by whom? _____

Have you received chiropractic care/spinal adjustments by a Doctor of Chiropractic? Yes No

If yes, when was your last visit? _____ How long were you receiving chiropractic adjustments? _____

How often did you go? _____ If you stopped, why did you stop going? _____

Please describe what type of adjustments the chiropractor performed, or what technique(s) or methods he or she used? _____

X-rays performed? Yes No Where are they now? _____ What areas were x-rayed? _____

Findings: _____

Were you pleased with his or her service? Yes No Why? _____

Does your immediate family receive chiropractic care? Yes No

Have you had, or do you receive the following, vehicles towards personal growth, healing or development?

If yes, please list when and any comments you wish to share:

Chiropractic: Yes No _____

Bodywork/massage: Yes No _____

Osteopathy/cranial work: Yes No _____

Meditation: Yes No _____

Psychotherapy: Yes No _____

Movement or exercise: Yes No _____

Somatic Respiratory Integration: Yes No _____

Yoga: Yes No Prayer: Yes No Other _____

Rebirthing/other breath work: Yes No _____

When stressed or anxious how do you re-group or "center" yourself? _____

Do you have any pain, symptom, or health problem currently in your body? Yes No

Please list and describe: _____

What is your deepest "concern" or worry about these symptoms/conditions? _____

Why do you feel these symptoms/conditions have happened to you? _____

What does "health" or "well-being" mean to you? How would you define it? _____

On a list of priorities where do you place health, healing, fitness, and well-being in your life? _____

What do you hope to receive from chiropractic care in this office? _____