STRESS HISTORY

Our practice of chiropractic is based upon the location and release of stored tension in the spine and nervous system and as a result the correction of vertebral subluxations. These stresses may be PHYSICAL, CHEMICAL, or EMOTIONAL in nature and accumulated over a lifetime.

BIRTH STRESS: If you have information about your birth history:

Was you mother outwardly ill prior to her pregnancy with you? ☐ Yes ☐ No

Did your mother have a difficult pregnancy with you? ☐ Yes ☐ No

Did your mother have any falls, accidents or physical injuries during pregnancy? ☐ Yes ☐ No

Was your birth traumatic? ☐ Yes ☐ No

Was your birth: ☐ drug induced ☐ forceps or suction
☐ "C" section ☐ cord around the neck
☐ breech ☐ prolonged
☐ natural ☐ other: _____

Describe any other physical or mechanical stress to your mother or you as labor progressed, delivery progressed, or as a newborn: _____

_____

GENERAL PHYSICAL TRAUMA:

Next to each potential vertebral subluxation cause is a check box. Please check the appropriate box – either 'P' for past or 'C' for current, and the correct level of trauma – Mild, Moderate, Extreme:

	Mild		Moderate		Extreme			Mild		Moderate		Extreme	
	P	C	P	C	P	C		P	C	P	C	P	C
Falls from crib, carriage	☐	☐	☐	☐	☐	☐	Sports impacts	☐	☐	☐	☐	☐	☐
Falls down or up steps	☐	☐	☐	☐	☐	☐	Physical fight	☐	☐	☐	☐	☐	☐
Falls on ice	☐	☐	☐	☐	☐	☐	Armed Services	☐	☐	☐	☐	☐	☐

Comments: _____

Were you ever knocked unconscious? ☐ Yes ☐ No

Comments: _____

Have you ever used crutches, a walker or a cane? ☐ Yes ☐ No

Comments: _____

Have you ever broken any bones? ☐ Yes ☐ No

Comments: _____

Have you ever had any impacts, falls, or jolts that you feel specifically may have injured your spine? ☐ Yes ☐ No

Comments: _____

Have you had extensive dental or orthodontic work performed? ☐ Yes ☐ No

Comments: _____

Have you served in the military? ☐ Yes ☐ No from _____ to _____ Were you involved in combat? ☐ Yes ☐ No

During the day I: ☐ sit ☐ stand ☐ walk ☐ do desk work ☐ phone work ☐ drive ☐ do mechanical work ☐ do heavy lifting

SPORTS OR LEISURE:

I exercise: ☐ daily ☐ weekly ☐ monthly What type of exercise? _____

Were you, or are you active in any particular sport(s)? ☐ Yes ☐ No

Which one(s)? _____

Have you been hurt in any of these activities? ☐ Yes ☐ No Please describe: _____

_____

Do you read for prolonged periods? ☐ Yes ☐ No

Do you play a musical instrument? ☐ Yes ☐ No