

The following three types of stress can cause vertebral subluxation.

Do you recognize any of these stresses?

C=Child T=Teenager A=Adult N=Not at all

1. Physical Stress:

Birth Traumas (as a mother or a child)	C T A N	_____
Slips/Falls	C T A N	_____
Car Accidents	C T A N	_____
Sports Injuries	C T A N	_____
Physical Abuse	C T A N	_____
Work Injuries	C T A N	_____
Poor Posture	C T A N	_____
Sitting on your wallet for years	C T A N	_____
Sleeping Position, ie stomach/side	C T A N	_____
Extensive Computer Work	C T A N	_____
Carrying Heavy Purse/Book Bag/Child	C T A N	_____
Repetitive Lifting/Bending	C T A N	_____
Driving for Many Hours	C T A N	_____
Continuous Hours Standing/Sitting	C T A N	_____
Bone Fracture/Surgery	C T A N	_____

2. Emotional Stress:

Relationships	C T A N	_____
Career	C T A N	_____
Children	C T A N	_____
Money	C T A N	_____
Fast Paced Life	C T A N	_____
Hold in Feelings	C T A N	_____
Quick Tempered	C T A N	_____
Verbal Abuse	C T A N	_____
Perfectionist	C T A N	_____
Procrastinator	C T A N	_____
Sickness or Loss of Loved One	C T A N	_____

3. Chemical Stress

Environment, ie: pollution	C T A N	_____
Smoker- amount	C T A N	_____
Second Hand Smoke	C T A N	_____
Alcohol- amount	C T A N	_____
Poor Diet	C T A N	_____
Caffeine- amount	C T A N	_____
Artificial Sweeteners	C T A N	_____
Prescription Drugs	C T A N	_____
Over the Counter Drugs (ex: Advil, Tylenol, Aspirin)	C T A N	_____
Recreational Drugs	C T A N	_____

What do you feel is your primary stress? _____

LIFESTYLE HISTORY

Briefly describe your nutrition: Breakfast, lunch and dinner: _____

What is your daily fluid intake? (What type and How much?) _____

What is your average sleep and rest per day? _____

Do you exercise? What do you do and how often? _____

How is your family relationship (i.e. good, stressful, none) _____

Rank your satisfaction with work: *Low 1 2 3 4 5 6 7 8 9 10 High.*

What type of work do you do? _____

How often do you vacation? _____

Do you use recreational drugs or over the counter medication? If yes, please list: _____

What are your play and relaxation activities? _____

Do you have any other health related concerns/issues? _____

Any previous diagnosis? _____