



The following pages of questions offer me a glimpse into your life story. The same places, faces and events that have fashioned and molded your life, have also created the circumstances that have led you to this place and time of concern, curiosity and awareness of yourself and your well being. In understanding your biography, your biology comes into greater focus, highlighting those ways of being that no longer serve your best and highest good while simultaneously igniting the passion and purpose for your life that is your birthright.

It is my desire to offer you sanctuary as you explore greater levels of health and well being.

In Peace,



Personal History

Name _____ Date _____
 Address _____
 City _____ State/Zip _____
 Telephone (Home) _____
 (Work) _____
 (Cell) _____

Email _____

Date of Birth _____ Referred By _____

Previous chiropractic care: Yes _____ No _____ Did it meet your objectives? Yes _____ No _____

Occupation _____

Please complete this general health survey, as it will provide us with your current quality of life concerns regarding your wellness and important information to better understand your life and health history.

PLEASE CHECK ANY OR ALL THAT APPLY.

How do you hope to benefit from care in this office?

- _____ Improvement of my physical symptoms
- _____ Improvement of my mental/emotional symptoms
- _____ Improvement of my ability to react or respond to stress
- _____ Improvement in enjoyment of life and the ability to make constructive choices
- _____ Overall improved quality of life

The human body is designed to express health and function normally. However, events may occur in life. that can interfere with this natural ability. This interference is most commonly the result of vertebral subluxations; a stretching, twisting or irritation of the spinal cord and its associated nerve roots that compromise the conversation your body has with itself to maintain health and well being. The result is lack of health presenting in any number of ways. Stress that may be physical, chemical or emotional in nature may cause these subluxations. The practice of chiropractic is based on the location and reduction of nerve system interference caused by the vertebral subluxation. This approach is distinctly different and is not a replacement for medical treatment. While we could limit our focus to a symptom, restoring communication within you allows the greatest opportunities for growth and therefore healing. It is under these parameters that you consent to receive care in our practice.

I have read and accept these terms: _____
 Date: _____

1. What are your current health concerns? _____
2. When did this situation or concern begin? _____
3. Have you consulted anyone else concerning this matter? _____
4. Was anything done and did it seem to work? _____
5. What was different about you after the treatment? _____
6. What was different about your condition after the treatment? _____
7. How aware of this are you during the **day?** 0 1 2 3 **At night?** 0 1 2 3
8. Is there any time or activity you can be involved with when you totally or almost totally forget about this situation or concern? _____
9. Is there any time of day or activity, which makes you more aware of it? _____
10. Why do you think this has happened or continues to happen to you? _____
11. Do you think this is the sole cause? Yes _____ No _____
12. If no, what else is involved? _____
13. If this condition or symptom were to go away tomorrow, what would be different about your life? _____

CURRENT LIFE STRESSORS

Please grade the following stresses in order of increasing intensity.

0=no awareness of any stress, 1=slightly stressful, 2=moderately stressful, 3=extremely stressful

- 1. Overall Physical Stress, Trauma 0 1 2 3
Includes falls accidents, injuries, repeated postural stress, impacts, difficult birth, traction, physical abuse
- 2. Overall Emotional/Mental Stress 0 1 2 3
Includes loss of loved ones, rapid change in life situation, mental, emotional, or sexual abuse, legal concerns, financial concerns, move of home/school, separation/divorce, stress of being ill.
- 3. Overall Chemical Stress 0 1 2 3
Includes drugs, medications, smoke, fumes, additives...

PAST LIFE STRESSORS

Please tell us about any stresses related to your birth.

- 1. Drugs/medicine/tobacco/alcohol in pregnancy: _____
- 2. Labor chemically induced? _____
- 3. Forceps/vacuum extraction/C-section: _____
- 4. Premature delivery? _____
- 5. Vaccination? _____
- 6. Falls in first year of life? _____
- 7. Any health related problems? _____

Please tell us about any stresses associated with childhood.

- 1. Any falls or injuries? _____
- 2. Allergies/Asthma/Respiratory Problems _____
- 3. Ear Infections _____
- 4. Digestive Problems _____
- 5. Hyperactivity _____
- 6. Any other health related problems _____

Is there some aspect of your life that very much pleases you, brings you joy, or helps you to feel better about yourself?

What factors in your current lifestyle/health-style add to your health and what factors do you think detract from it?

Let your heart and spirit become as expansive as the world, not merely as big as *your* world.

-DNA