PRACTICE MEMBER INFORMATION

Date:_____

Name:_____ **Home** Phone:_____ **Cell** Phone:_____

Age:_____ **DOB**:_____ M F **Marital** Status: S M D W **E-mail** address:_____

SS#:_____ **Address**:_____ **City**:_____ **Zip**:_____

Occupation:_____ **Employer**:_____ **Spouses** Name:_____

Spouses Employer:_____ **Children's** Names/Ages:_____

Do you notice poor posture in your children or spouse? □ Yes □ No **Who** referred you?_____

Have you ever received chiropractic care? □ Yes □ No Do you know your posture leads to your health? □ Yes □ No

What have you heard about Chiropractic?_____

Do you know that your posture determines your health? □ Yes □ No **Are** you aware of any poor posture habits? □ Yes □ No

The most common postural weakness is Forward Head Syndrome. This happens when the head and neck start to bend forward and progressively move downward weakening the whole body. Even less severe forms of this posture can cause many adverse effects on your overall health.

Have you ever been told or feel like you carry your head forward? □ Yes □ No

ADDRESSING THE ISSUE THAT BROUGHT YOU TO US

If you have no complaints but are here for wellness services, please skip to the next section.

Please describe the complaint that brought you to our office:_____

_____

Is your pain, □ Sharp □ Dull □ Numb □ Throbbing □ Travels **Does** it affect you □ Constantly or □ Occasionally

Was there a specific incident, accident, or condition that you think could have caused this problem? □ Yes □ No

If yes, what happened?_____

Since the problem started, is it □ About the same □ Getting better □ Getting worse **When** did it start?_____

Have you had this problem more than 2 times? □ Yes □ No If yes, how often?_____

What makes it worse?_____

It interferes with: □ Hobbies or Sports □ Work (responsibilities, tasks, duties) □ Social Time (kids, spouse/friends)

What have you tried to help it? □ Ice/Heat □ Stretching/Exercise □ Vitamins □ Medications □ Changed Diet □ Aspirin/Tylenol etc.

Other doctors seen for this problem including **name, diagnosis and your response to their care**:

□ Chiropractor_____

□ Medical Doctor_____

□ Other_____

On a scale of 1-10, rate your commitment to getting rid of this problem._____

YOUR HEALTH LIFESTYLE

	YES	***NO***	
Do you exercise? What & How often/week?	□	□	_____
Do you buy pure water? How much do you use?	□	□	_____
Do you use vitamins or supplements? What?	□	□	_____

On a scale of 1-10 describe your stress. (0=none, 10=extreme) Occupational_____ Personal_____

On a scale of Poor, Good, Excellent describe your: Diet_____ Sleep_____

REVIEW OF TRAUMAS AND STRESSORS

Throughout life, events occur which damage the expression of health causing alterations of posture, function or neurological health. This case history will uncover layers of damage that resulted in poor health.

	Yes	*No*	*If Yes, please provide comments:*
***D**id you have any childhood illnesses?*	☐	☐	_____
***D**id you have any surgeries?*	☐	☐	_____
***H**ave you fallen from a height over three feet?*	☐	☐	_____
***W**ere you involved in any car accidents?*	☐	☐	_____
***H**ave you had prolonged use of medicine?*	☐	☐	_____
***H**ave you suffered any traumas or fractures?*	☐	☐	_____
***D**o you drink coffee? How much?*	☐	☐	_____
***D**o / did you smoke? Packs/day?*	☐	☐	_____
Do you drink alcohol? How much/week?	☐	☐	_____

List any medications you are taking, the reason and the doses:_____

_____

HEALTH CONDITIONS

***Abnormal** postural habits or distortions cause kinks in vertebrae of the spine and are the result of trauma or stress to the body. When these vertebrae are twisted from their normal healthy position, they will cause stress to the spinal cord and the delicate nerves that pass between the vertebrae. These kinks in the spine are called Subluxations (sub-lux-a-shuns).*

***Subluxations** weaken and distort the overall structure of your spine resulting in a weakened and distorted posture. Postural distortions have many serious and adverse affects on your overall health. The most common and detrimental postural distortion is called Forward Head Syndrome (a "hunched forward" posture starting in the neck and progressively moving down your spine weakening the entire body).*

Neck (Cervical Spine):

*Postural distortions from **Subluxations**, (causing **Forward Head Syndrome**), in your neck will weaken the nerves into your arms, hands and head and affect these parts of your body. Have you experienced…?*

☐ Neck Pain	☐ Visual Problems	☐ Sinusitis	☐ Dizziness	☐ Headaches
☐ Allergies	☐ Recurrent Colds/Flu	☐ Weak Grip	☐ Low Energy/Fatigue	☐ Hearing Disturbances
☐ TMJ Pain	☐ Thyroid Conditions	☐ Cold Hands	☐ Pain in arms/hands	☐ Numbness/tingling in arms/hands

Upper and Middle Back (Thoracic Spine):
*Postural distortions from **Subluxations**, (resulting from **Forward Head Syndrome**), in your upper and middle back will weaken the nerves to the heart, lungs, ribs, chest and upper digestive tract and affect these parts of your body. Do you experience…?*

☐ *Heart Palpitations*	☐ *Recurrent lung infections/bronchitis*	☐ *Mid Back Pain*	☐ *Pain into your Ribs/Chest*
☐ *Heart murmurs*	☐ *Pain on deep inspiration/expiration*	☐ *Asthma/wheezing*	☐ *Hypoglycemia*
☐ *Tachycardia*	☐ *Shortness of breath*	☐ *Indigestion/Heartburn*	☐ *Reflux*
☐ *Heart attacks/Angina*	☐ *Tired/Irritable when you haven't eaten*	☐ *Ulcers/Gastritis*	☐ *Nausea*
☐ *High Cholesterol*	☐ *Tired/Irritable after eating*	☐ *Altered Liver Function*	

Lower Back (Lumbar Spine):
Postural distortions from **Subluxations** in the low back (resulting from **Forward Head Syndrome,***)* weaken the nerves into your legs/feet and pelvic organs and affect these parts of your body. Do you experience…?

☐ Low Back Pain	☐ Muscle cramps in your legs/feet	☐ Constipation/Diarrhea
☐ Pain into your hips/legs/feet	☐ Weakness/injuries in your hips/knees/feet	☐ Menstrual irregularities/cramping
☐ Frequent/difficulty urinating	☐ Numbness/tingling in your legs/feet	☐ Recurrent bladder infections
☐Sexual dysfunction	☐ Coldness in your legs/feet	

INFORMED CONSENT TO CARE

You are the decision maker for your health care. Part of our role is to provide you with information to assist you in making informed choices. This process is often referred to as “informed consent” and involves your understanding and agreement regarding the care we recommend, the benefits and risks associated with the care, alternatives, and the potential effect on your health if you choose not to receive the care.

We may conduct some diagnostic or examination procedures if indicated. Any examinations or tests conducted will be carefully performed but may be uncomfortable.

Chiropractic care centrally involves what is known as a chiropractic adjustment. There may be additional supportive procedures or recommendations as well. When providing an adjustment, we use our hands or an instrument to reposition anatomical structures, such as vertebrae. Potential benefits of an adjustment include restoring normal joint motion, reducing swelling and inflammation in a joint, reducing pain in the joint, and improving neurological functioning and overall well-being.

It is important that you understand, as with all health care approaches, results are not guaranteed, and there is no promise to cure. As with all types of health care interventions, there are some risks to care, including, but not limited to: muscle spasms, aggravating and/or temporary increase in symptoms, lack of improvement of symptoms, burns and/or scarring from electrical stimulation and from hot or cold therapies, including but not limited to hot packs and ice, fractures (broken bones), disc injuries, strokes, dislocations, strains, and sprains. With respect to strokes, there is a rare but serious condition known as a cervical arterial dissection that involves an abnormal change in the wall of an artery that may cause the development of a thrombus (clot) with the potential to lead to a stroke. This occurs in 3-4 of every 100,000 people whether they are receiving health care or not. Patients who experience this condition often, but not always, present to their medical doctor or chiropractor with neck pain and headache. Unfortunately a percentage of these patients will experience a stroke. As chiropractic can involve manually and/or mechanically adjusting the cervical spine, it has been reported that chiropractic care may be a risk for developing this type of stroke. The association with stroke is exceedingly rare and is estimated to be related in one in one million to one in two million cervical adjustments.

It is also important that you understand there are treatment options available for your condition other than chiropractic procedures. Likely, you have tried many of these approaches already. These options may include, but are not limited to: self-administered care, over-the-counter pain relievers, physical measures and rest, medical care with prescription drugs, physical therapy, bracing, injections, and surgery. Lastly, you have the right to a second opinion and to secure other opinions about your circumstances and health care as you see fit.

I have read, or have had read to me, the above consent. I appreciate that it is not possible to consider every possible complication to care. I have also had an opportunity to ask questions about its content, and by signing below, I agree with the current or future recommendation to receive chiropractic care as is deemed appropriate for my circumstance. I intend this consent to cover the entire course of care from all providers in this office for my present condition and for any future condition(s) for which I seek chiropractic care from this office.

Patient Name:_____ Signature:_____Date:_____

Witness Name:_____ Signature:_____Date:_____

Consent to evaluate and adjust a minor child

I, _____ being the parent or legal guardian of _____ have read and fully understand the above Informed Consent and hereby grant permission for my child to receive chiropractic care.

Pregnancy Release

This is to certify that to the best of my knowledge I am not pregnant and the above doctor and his/her associates have my permission to perform an x-ray evaluation. I have been advised that x-ray can be hazardous to an unborn child.

Onset of last menstruation:_____ _____ _____

(*Signature)* (Date)