



WELCOME TO OUR OFFICE!

It is our pleasure to partner with you in building your health. Our commitment is to provide you with a foundational level of health through specific and individualized chiropractic care. To help us serve you better, please complete the following information.

Adult Health Record

Name _____ Date _____

Address _____ City/State _____

Zip _____ Phone _____

Email _____ Age _____

Birthdate _____ Occupation _____

Spouse _____ Phone _____

Children (Names/Ages) _____

Emergency Contact _____ Phone _____

Whom may we thank for referring you?

Please Describe the Purpose of this Visit:

Experience with Chiropractic:

Has any adult in your family seen a Chiropractor? _____ Any child? _____

Dr.'s Name/Location: _____ Last visit: _____

Reason for those visits: _____ Frequency: _____

Were you aware that doctors of chiropractic work with the nervous system? _____

Health Habits:

Supplements and/or

Medications: _____

Do you...	Yes	No	Frequency
Smoke?	___	___	_____
Drink alcohol?	___	___	_____
Drink coffee/soda?	___	___	_____
Exercise regularly?	___	___	_____
Poor nutrition?	___	___	_____

Are you healthier now than you were 5 years ago? Why or why not?

Will you be healthier 5 years from now than you are already? Why or why not?

Please check the choice that best describes your current health/well-being goals.

- I am only concerned about relief of symptoms.
- I want symptom relief and prevention of future problems.
- I want optimum health and well-being on every level available to me.

Stress Factors:

Please list all diagnosed conditions and any health concerns, even those that might seem unrelated to the purpose of today's visit. This information helps to give a better picture of overall stress on your body.

Research is showing that many of the health challenges that occur later in life have their origins during the developmental years, some starting at birth.

Please tell us about any stress related to YOUR birth: Yes No Explain

Drugs/medicine/tobacco/alcohol in pregnancy	___	___	_____
Labor chemically induced?	___	___	_____
Forceps/Vacuum Extraction/C-section?	___	___	_____
Premature delivery?	___	___	_____

	Yes	No	Explain
Vaccinations?	_____	_____	_____
Falls in first year of life?	_____	_____	_____
Any health related problems?	_____	_____	_____
Please tell us about any stress in your childhood:			
Any falls or injuries?	_____	_____	_____
Allergies/Asthma or Respiratory problems?	_____	_____	_____
Ear infections?	_____	_____	_____
Digestive Problems?	_____	_____	_____
Hyperactivity?	_____	_____	_____
Any other health related problems?	_____	_____	_____
Please tell us about any stress up to the present:			
Car accidents?	_____	_____	_____
Sports injuries?	_____	_____	_____
Work stress?	_____	_____	_____
Family/Home stress?	_____	_____	_____
Prescription Medication Use?	_____	_____	_____
Hospitalizations/Surgeries?	_____	_____	_____
Recurring Illness?	_____	_____	_____
Anything else?	_____	_____	_____
For women:			
Are you currently pregnant or nursing?			

If you have been pregnant, please describe your experience(s):

The human body is designed to express health and function normally.

All function is coordinated by the nervous system.

Physical, chemical and emotional stressors can interfere with neural processing.

When this interference occurs at the spinal level it is called vertebral subluxation.

The goal of chiropractic is to locate and reduce nervous system interference caused by vertebral subluxation and thereby optimize function within the body.

Informed Consent for Chiropractic Care

When a patient seeks chiropractic health care and we accept a patient for such care, it is essential for both to be working for the same objective. It is important that each patient understand both the objective and the method that will be used to attain it. This will prevent any confusion or disappointment. You have the right, as a patient, to be informed about the condition of your health and the recommended care and treatment to be provided so that you may make the decision whether or not to undergo chiropractic care after being advised of the known benefits, risks and alternatives.

Chiropractic is a science and art which concerns itself with the relationship between structure (primarily the spine) and function (primarily the nervous system) as that relationship may effect the restoration and preservation of health. Health is a state of optimal physical, mental and social well-being, not merely the absence of disease or infirmity.

One disturbance to the nervous system is called a vertebral subluxation. This occurs when one or more of the 24 vertebrae in the spinal column become misaligned and/or do not move properly. This causes alteration of nerve function and interference to the nervous system. This may result in pain and dysfunction or may be entirely asymptomatic.

Subluxations are corrected and/or reduced by an adjustment. An adjustment is the specific application of forces to correct and/or reduce vertebral subluxation. Our chiropractic method of correction is by specific adjustments of the spine. Adjustments are usually done by hand but may be performed by a handheld instrument. In addition, ancillary procedures such as physiotherapy and/or rehabilitative procedures may be included.

If during the course of care we encounter non-chiropractic or unusual findings, we will advise you of those findings and recommend that you seek the services of another health care provider.

All questions regarding the doctor's objective pertaining to my care in this office have been answered to my complete satisfaction. The benefits, risks and alternatives of chiropractic care have been explained to me to my satisfaction. I have read and fully understand the above statements and therefore accept chiropractic care on this basis.

Print 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.

Acknowledgement of Receipt of Privacy Notice

In compliance with federal law, a copy of the national Standards for Privacy of Individually Identifiable Health Information is available upon request. The Privacy Notice describes in detail how a member's health information is used and shared with others.

All reasonable efforts will be made to protect the privacy of a member's health information, whether it is maintained on paper or electronically, and regardless of how it is communicated.

A copy of the Privacy Notice has been made available to me.

Name (print) _____ Date _____
Signature _____ Date of Birth _____

When member is a minor, or is unable to give consent, the signature of a parent, guardian, or other representative is required.

Signature of Representative _____
Date _____
Print Name _____ Relationship to Member _____