

WELCOME TO

HEALTHY START CHIROPRACTIC & WELLNESS!

Please fill out this form as completely and accurately as possible.

All the information requested below is necessary for us to serve you the best way possible.

Personal Information

Patient name" _____ Date _____

Address _____ City _____ Zip _____

Insured's SS# _____ Insured's Date of birth _____

Home phone (____) _____ Email _____

Occupation _____ Employer _____

Employer Address _____ Business Phone (____) _____

Emergency Contact _____ Phone(____) _____

Whom may we thank for your referral? _____

What concerns do you feel Healthy Start can address for you? _____

Have you ever received chiropractic care? Y N If yes, with whom? _____

Date of last visit _____ Why did you stop care? _____

Was there a particular health concern for which you consulted the chiropractor? _____

Current Health Profile

Vaccination history (circle one) Up to date Chose to decline vaccines Still deciding

Please describe any adverse reactions to vaccinations _____

I would like more information regarding vaccinations (circle) Yes No

Please mark an "X" for current condition or an "O" for past condition.

___Allergies ___Asthma ___Cancer ___Constipation/Diarrhea

___Depression ___Diabetes ___Digestive problems ___Fatigue

___Headaches ___High blood pressure ___Heart problems ___Menstrual problems

___Sinus problems ___Sleep deprivation ___Swollen joints ___Other

Please explain any other conditions _____

Please list any current medications or drugs _____

Please list any vitamins, supplements, herbs, homeopathic, etc _____

Health, Wellness, and Chiropractic Care

The human body is designed to be healthy. The primary system in the body which coordinates health is the NERVOUS SYSTEM. The bones of the spine, called vertebrae, surround and protect the delicate NERVOUS SYSTEM.

Physical, emotional, and chemical stresses, common to our contemporary lifestyle, can result in misalignment to the spinal column as well as damage the delicate NERVOUS SYSTEM. The result is a condition called a Vertebral Subluxation. The chiropractic exam/evaluation determines if your spine shows signs of the Vertebral Subluxation process. Physical, chemical, and emotional issues may cause Vertebral Subluxations in your spine. The remainder of the intake form addresses the possible situations that may cause Vertebral Subluxation in your spine.

Physical Causes (Birth to Present):

The birth process can traumatize a baby's spine and cause damage to the nervous system. Please indicate, to the best of your knowledge, your birth experience.

Pregnancy or Birth Complications (circle) Yes No If yes, please explain_____

Birth intervention (circle) Forceps Vacuum Extraction Cesarean Induction External Cephalic Version

Birth until now: The information below will help us to see the types of physical stresses that you have been subjected to and how they may relate to your present health status.

Have you experienced any of the following:

___Automobile accident ___Bicycle accident ___Sports injury ___Serious falls
___Broken bones ___Strains/Sprains ___Hospitalizations ___Unconsciousness

If yes to any above, please list date and explain_____

Chemical Causes:

Chemical causes of vertebral subluxation occur due to any substance that is breathed, injected, taken by mouth, or placed onto the skin that is toxic to the body. These include food allergies, drug reactions, exposure to chemicals in the air, etc. The following questions will give insight into the chemical exposures you may have experienced.

Were you vaccinated? Yes No Please describe any adverse reactions to vaccinations_____

Were you breast fed? Yes No

Food/drink intolerances, allergies, or sensitivities _____

How often do you take antibiotics? (i.e. once/twice a year, etc)_____

Have you been exposed to any of the following on a regular basis?

___Toxic chemicals ___Drugs (prescribed or not) ___Second hand smoke ___Other

Do you currently take a probiotic supplement? Yes No

Do you currently take a fish oil omega 3 supplement? Yes No

Do you ingest sugar in the form of candies, sweets, or soda? Yes No

Do you ingest artificial sweeteners like Splenda or diet sodas? Yes No

Do you ingest cereals, white breads, and pastas? Yes No

Emotional Causes:

It is difficult to separate emotional stress in our life with the physical response that often accompanies. Please indicate if you have experienced any of the following:

___Childhood trauma ___Loss of loved one ___Physical/Emotional Abuse

___Work/School stress ___Divorce/separation ___Financial

___Lifestyle change ___Parents divorce ___Illness

Do you have difficulty concentrating? Yes No

Do you often feel overwhelmed and stressed? Yes No

Are you confident in social settings? Yes No

Thank you for choosing Healthy Start Chiropractic & Wellness.

We look forward to helping you and your family achieve your health goals!

