



Our purpose is to educate and adjust as many families as possible toward optimal health through natural chiropractic care. A condition known as “Vertebral Subluxation” found in the spine, is dangerous and destructive to your health.

Last Name _____	Occupation _____
First Name _____	Employer _____
Spouse’s Name _____	Work Address _____
Children’s names & ages _____	City, State, Zip _____
_____	Work Phone # _____
Address _____	Fax _____ E-mail _____
City, State, Zip _____	Ins. Co. Name _____
Home Phone # _____	Soc. Sec. Number _____
Cell/Beeper _____	Birthdate ___/___/___ Ht. _____ Wt. _____ Sex M / F
Referred By _____	Hobbies/spec. interests _____

The vast majority of our patients have experienced numerous traumas that can cause **Vertebral Subluxation.** Please help us understand any traumas that you have had.

How many **total vehicle** accidents have you been in? Include car, motorcycle, jet-ski, dirt-bike, bus, train, bicycle, etc.
 (please circle) 1 2 3 4 5 6 7 8 9 10 more

Briefly explain, including **dates**: _____

What sports have you participated in? _____

Any sports injuries?(explain, incl. **dates**): _____

Have you ever...(please check) fallen down stairs slipped on snow or ice had a stress or strain at work
 been injured during infancy or childhood other injury or accident
 (briefly explain, incl. **dates**): _____

Do you....(please check) sit for more than 4 hours per day drive more than 2 hrs. per day
 If female, are you pregnant? Yes No Unsure

Please list any surgeries(incl. **dates**): _____

Please list any medications you are taking: _____

Your health/disease history: _____

Family health/disease history: _____

Previous chiropractic care? Yes No Dates? _____ Approx. # of visits? _____

(OVER)



Vertebral Subluxation can cause malfunction to any part of the body.

Have you experienced any of the following **symptoms** in the past 3 years?

- | | | | |
|---|---------------------------------------|--|---|
| <input type="checkbox"/> allergies | <input type="checkbox"/> fatigue | <input type="checkbox"/> leg/foot problem | <input type="checkbox"/> sinus problems |
| <input type="checkbox"/> arm/hand problem | <input type="checkbox"/> headaches | <input type="checkbox"/> low back pain | <input type="checkbox"/> sleep loss |
| <input type="checkbox"/> asthma | <input type="checkbox"/> hip pain | <input type="checkbox"/> mid-back pain | <input type="checkbox"/> spinal curvature |
| <input type="checkbox"/> digestive problems | <input type="checkbox"/> irritability | <input type="checkbox"/> neck pain | <input type="checkbox"/> upper back pain |
| <input type="checkbox"/> dizziness/vertigo | <input type="checkbox"/> jaw pain | <input type="checkbox"/> shoulder pain/stiffness | <input type="checkbox"/> wrist pain |

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What is your **main** reason for visiting our office? \_\_\_\_\_

\_\_\_\_\_

**Vertebral Subluxation** can cause permanent damage long before you notice any signs or symptoms.  
**How long** have you had the above problem?

\_\_\_\_\_

**Vertebral Subluxation** causes a weakening of the entire spine. When is your problem the worst?

- morning       mid-day       evening       overnight       all of these

The following family members have the same or similar problem(s) as I do:

Mother   Father   Child   Brother   Sister   Spouse   Other \_\_\_\_\_

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Please mark your problem areas on the diagram:

