

We look forward to serving you.

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell # \_\_\_\_\_ SS# \_\_\_\_\_

Email \_\_\_\_\_

Birthdate \_\_\_\_\_ M/F \_\_\_\_\_ Marital Status \_\_\_\_\_

Type of Work/Employer \_\_\_\_\_

Children? \_\_\_\_\_ Age(s) \_\_\_\_\_

Do you notice poor postural habits in children? \_\_\_\_\_

How were you referred to our office? \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_

Reason for today's visit \_\_\_\_\_

When did this condition begin? \_\_\_\_\_

Describe \_\_\_\_\_

What activities aggravate your symptoms? \_\_\_\_\_

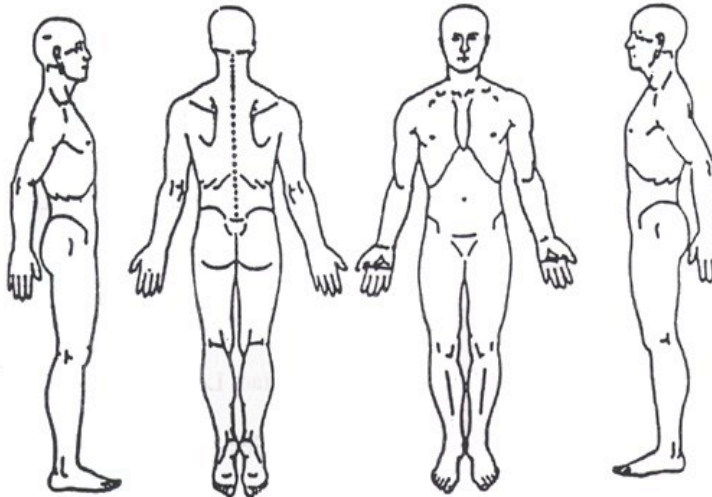
Does anything relieve your symptoms? \_\_\_\_\_

Have you experienced this condition before? \_\_\_\_\_

Who treated you for this condition? \_\_\_\_\_

How did you respond? \_\_\_\_\_

Please mark your area(s) of pain on the following figures and rate the average intensity on the scale.



Worst Pain (10)



Least Pain (0)

Have you ever seen a chiropractor before? \_\_\_\_\_ Who? \_\_\_\_\_ When? \_\_\_\_\_

Reason for visits \_\_\_\_\_ How did you respond? \_\_\_\_\_

Are you aware of any poor postural habits that you may have? \_\_\_\_\_

Did you know poor posture determines your health? (y/n) \_\_\_\_\_ The most common postural weakness is Forward Head Syndrome. (head and neck starting to bend forward and progressively moving downward weakening your whole body). Even less severe forms of this posture can cause many adverse effects on your overall health.

Do you exercise? \_\_\_\_\_ How often? \_\_\_\_\_ Do you smoke? \_\_\_\_\_ How often? \_\_\_\_\_

Do you drink alcohol? \_\_\_\_\_ How often? \_\_\_\_\_ Do you drink coffee? \_\_\_\_\_ How often? \_\_\_\_\_

Do you take any supplements (vitamins, minerals, herbs)? \_\_\_\_\_