



New Patient Intake

Name _____ Birth Date ___/___/___ Today's Date _____

Address _____ City _____

State _____ Zip Code _____ Social Security # _____ - _____ - _____

Home # () _____ - _____ Cell Phone # () _____ - _____

Work # () _____ - _____ Ext. _____ Fax # () _____ - _____

E-mail Address _____

Occupation _____ Employer _____

Employer's Address _____ City _____ State ___ Zip _____

Male _____ Female _____ # of Children _____

Single ___ Married ___ Divorced ___ Widowed ___ Name of Spouse _____

Names and Ages of Children _____

Main reason for consulting our office today _____

_____ Referred by _____

***Please check if you are here for any of the following: ___ Car Accident ___ Work Injury ___ Other

Your Health Profile

Why is this form important- As a family wellness oriented chiropractic office, we focus on helping you maximally express your health potential. Our first goal is to locate and eliminate any and all interference to the full outward expression of that potential and address the issues that brought you here. In addition, we hope to offer you and your family the opportunity for a lifetime of health, happiness and vitality. On a daily basis we all experience physical, chemical and emotional stresses that can accumulate and result in serious loss of health potential. Most times, the effects are so gradual that they are not felt until they become serious, and sometimes not until it's too late. Your answers to the following questions will give us a general view of the stresses you have faced in your lifetime, thus allowing us to better assess your current status and more accurately determine what course of care will best help you reach your true health potential.

The Beginning Years- Many of the health challenges that people face later in life have their origins in stresses from the developmental years, some even starting at birth. Please answer the following questions to the best of your ability.

Birth History- Please check those items that apply to you...

___ Mother Smoked/ Drank/ Drugs during Pregnancy	___ Very Long Labor
___ Forceps used in Delivery	___ Epidural/ Meds in Labor
___ C- Section Delivery	___ Vacuum Extractor Used
___ Very Short Labor	___ Premature/ Overdue
___ Other _____	___ Breech Vaginal Delivery
	___ Labor Induced
	___ Complications

Childhood Years (Age 0-17 years)- Please check those items that apply to you...

Recurrent Childhood Illness Serious Falls Active in Sports
 Alcohol/ Drug Abuse Surgery/ Stitches Car Accident(s)
 Smoker Antibiotics/ Other Meds Vaccinated
 Under Chiropractic Care Severe Emotional Stress Broken Bones
Other _____

Adult Years (Age 18 to Present)- Please check those items that apply to you...

Present Smoker Former Smoker Alcohol Abuse
 OTC/ Prescription Meds Surgery/ Stitches Play Sports
 Car Accident(s) Work Injury High Job Stress
 High Personal Stress Sit a Lot Drive a Lot
 Poor/ Inadequate Diet Poor Sleep Not enough Sleep
 No Exercise Wear Orthotics/ Lifts Flat Feet
 Severe Health Problems Hard Falls Broken Bones
 Other Injuries _____

Have you been under chiropractic care in the past? _____

How long ago was your last adjustment? _____

Clarifying Your Health Objectives

In addition to the main reason for your visit today, what additional health objectives do you have for your future?

Have you ever been to another doctor who put you on a Health Development Program?
[] Yes [] No [] Not Sure

If yes: Doctors Name _____ [] Medical Doctor [] Chiropractor [] Other

How long were you able to stay on the program? _____

What were the results? _____

Were the results permanent? [] Yes [] No [] Somewhat

Are you as healthy (or healthier) today as you were 5 years ago? [] Yes [] No [] Don't Know

If yes, what strategies have you used? _____

Will you be as healthy (or healthier) as you are today, 5 years from now?

[] Yes [] No [] Don't Know

If yes, what strategies will you implement to get there? _____

If No or Don't Know, what strategies could you implement to get there? _____

I hereby certify that the statements and answers given on this form are accurate to the best of my recollection and knowledge. I agree to allow this office to perform an assessment on me in order to make as complete an evaluation as possible.

Signed _____ Date _____