



NAME: _____

DATE: _____ BIRTH DATE: _____

ADULT CLIENT INTRODUCTION

The body is designed to be healthy. Throughout life, events and experiences can occur which may have negatively affected your body's expression of health. The following questions will help uncover possible types of input that may impede your body's ability to fully express your health potential. The science of Chiropractic revolves around the detection and release of nerve interference and tension patterns stored in the spine and throughout the body. These patterns can be caused by physical, chemical, and emotional stresses to which the body cannot adapt. Our intention is to encourage families to reconnect with the inherent wisdom within. We have created a sacred, safe and life giving space for families to experience their fullest expression of health together from the inside out. In order to understand the current state of your health, please be as thorough as possible with the following information. We look forward to serving you!

ADDRESS | CITY | STATE | ZIP: _____

PHONE: _____ EMAIL: _____

REASON FOR SEEKING CHIROPRACTIC CARE:

To experience a new level of health & healing To be more connected to my body To relieve my symptoms Other

CURRENT HEALTH CONCERN(S): _____

WHAT IS YOUR LEVEL OF COMMITMENT TO YOUR HEALTH, YOUR WELLBEING?

High Medium Low

PREVIOUS CHIROPRACTIC: YES NO If yes, date of last adjustment: _____

Name of chiropractor: _____ Reason for ending care: _____

HAVE YOU HAD ANY SURGERIES, FRACTURES, DISLOCATION, ACCIDENTS? YES NO

If yes, please explain: _____

ANY VEHICLE ACCIDENTS? YES NO

If yes, what happened and when? _____

ARE YOU CURRENTLY RECEIVING MEDICAL ATTENTION? YES NO

If yes, for what? _____

PLEASE LIST ANY MEDICATIONS YOU ARE CURRENTLY TAKING (PRESCRIPTION & NONPRESCRIPTION):

WHAT ARE YOUR REGULAR EXERCISE HABITS? _____

HOW WOULD YOU RATE YOUR CURRENT HEALTH? EXCELLENT GOOD FAIR AVERAGE POOR

ARE YOU HEALTHIER NOW THAN YOU WERE 5 YEARS AGO? YES NO Why? _____

DO YOU KNOW YOUR BIRTH HISTORY? YES NO If yes: Home Hospital Natural Intervention

The Body's Inability to Express Health Fully

The following can contribute to the Vertebral Subluxation process.

Please check any that apply (or applied) to you

PHYSICAL STRESS

- Birth Trauma
- Slip/Fall
- Car Accidents
- Sports Injuries
- Physical Abuse
- Heavy Physical Labor
- Poor Posture
- Heavy computer use
- Repetitive movements
- Prolonged driving/standing

EMOTIONAL STRESS

- Relationships
- Career
- Family
- Financial
- Pace of Life
- Quick Temper
- Hold in feelings
- Perfectionism
- Procrastination
- Depression

CHEMICAL STRESS

- Environmental
- Smoker
- 2nd hand smoke
- Caffeine
- Alcohol
- "Diet/sugar-free" food
- Soda intake
- Prescription drugs
- Junk food
- Recreational drugs

What do you feel is the primary stress in your life? _____

What are the 2 healthiest habits you currently choose in your life? _____

What are the 2 habits you would like to shift in your life? _____

Why is your health important (how will your life be better once you reach your health goals)? _____

In our office we are not only interested in your health and wellbeing but also in the health and wellbeing of your family and loved ones. Current research indicates that family health patterns often emerge throughout life that can offer useful information about the health of individuals. Please mention any health conditions or concerns you may have about your immediate family: _____

Connected Chiropractic does not offer to diagnose or treat any symptom or disease. Our sole purpose is to analyze your body for stored stress and tension patterns and to help your body release them in order to fully express its innate ability to heal. Wellness is a dynamic equilibrium between health and disease. It exists when all organs of the body function at 100% under the direction of the nervous system and the body's Innate Intelligence. If during your assessment a non-chiropractic finding arises, you will be informed and referred to an appropriate health care provider to serve you.

I, _____, have answered the above questions to the best of my knowledge. Based on the information provided, I grant Dr. Andy permission to assess, locate, and release nerve interference.