

# YOUR HEALTH PROFILE

## Why Is This Information Important?

As chiropractors, we focus on your ability to express optimal health. Our goal are first, to address the issues that brought you to this office and second, to offer you the opportunity to achieve your health potential. In our culture we experience PHYSICAL, CHEMICAL and EMOTIONAL stresses on a daily basis that can accumulate and result in substantial loss of our health potential. Most times the effects are gradual, not even felt until they become serious. Answering the following questions will give us a profile of the specific stresses you have faced in your lifetime, allowing us to better assess any challenges to your health expression.

### GENERAL INFORMATION:

Today's Date \_\_\_\_\_ Who may we thank for referring you? \_\_\_\_\_

Your Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

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

Your Email Address \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Marital Status  M  S  D  W  Partnered

Phone Numbers: Home ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

Work ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

Cell ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Name (s) and age (s) of children \_\_\_\_\_

Have members of your immediate family received chiropractic care?  Yes  No

### REASON FOR SEEKING CHIROPRACTIC CARE:

What concerns do you feel our practice can address for you?

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### Health Care Information :

Have you ever received chiropractic care?  Yes  No If yes, with whom? \_\_\_\_\_

Date of last visit \_\_\_\_\_

How Frequent were your visit? \_\_\_\_\_ Reason for ending care \_\_\_\_\_

Please describe, to the best of your ability, what type of adjustments and/or other services were utilized.

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Were you pleased with his/her service?  Yes  No

Are you aware the posture is an important determinant of one's overall health and conveys valuable health information?  Yes  No

Do you ever feel that it takes effort and awareness to maintain an aligned posture?  Yes  No

*Note:* The most common postural weakness is the *Forward Head Syndrome* (Head and neck start to bend forward and progressively move downward, compromising the brain stem, spinal cord and nerves.) Even mild forms of this posture can affect our overall health.

## TERMS OF ACCEPTANCE

THESE ARE THE TERMS UNDER WHICH ALL PATIENTS ARE ACCEPTED FOR CARE  
IN THIS OFFICE:

IT IS CLEARLY UNDERSTOOD THAT THERE IS NO PROMISE OF OFFER OF ANY  
KIND, ON THE PART OF THE DOCTOR(S) OR THIS OFFICE, TO TREAT ANY  
SYMPTOM, CONDITION OR DISEASE.

ALTHOUGH I MAY HAVE COME TO THIS OFFICE WITH THE INITIAL  
EXPECTATION OF RELIEF OF A PARTICULAR SYMPTOM OR CONDITION, IT HAS  
BEEN CLEARLY EXPLAINED TO ME THAT THE ONLY PURPOSE OF CHIROPRACTIC CARE IS TO REMOVE OR REDUCE  
NERVE INTERFERENCE CAUSED BY THE PRESENCE OF A VERTEBRAL SUBLUXATION.

THIS CORRECTION IS UNDERTAKEN FOR NO OTHER REASON THAN THAT  
THESE VERTEBRAL SUBLUXATIONS INTERFERE WITH THE CAPACITY OF BODY TO FULLY EXPRESS LIFE.  
AS VISITS ARE USUALLY PERFORMED IN AN OPEN ROOM SETTING, PLEASE ADVISE US IF PRIVACY IS DESIRED AND  
WE SCHEDULE ACCORDINGLY

OTHERWISE YOU ARE AGREEING TO THIS PRACTICE

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_