



## WELCOME TO OUR OFFICE!

It is our pleasure to partner with you in building your health. Our commitment is to provide you with a foundational level of health through specific and individualized chiropractic care. To help us serve you better, please complete the following information.

### Adult Health Record

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Occupation \_\_\_\_\_

Spouse \_\_\_\_\_ Phone \_\_\_\_\_

Children (Names/Ages) \_\_\_\_\_

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

Whom may we thank for referring you? \_\_\_\_\_

Please Describe the Purpose of this Visit:

\_\_\_\_\_  
\_\_\_\_\_

Experience with Chiropractic:

Has any adult in your family seen a Chiropractor? \_\_\_\_\_ Any child? \_\_\_\_\_

Dr.'s Name/Location: \_\_\_\_\_ Last visit: \_\_\_\_\_

Reason for those visits: \_\_\_\_\_ Frequency: \_\_\_\_\_

Were you aware that doctors of chiropractic work with the nervous system? \_\_\_\_\_

Health Habits:

Supplements and/or Medications: \_\_\_\_\_

Do you...	Yes	No	Frequency
Smoke?	---	---	-----
Drink alcohol?	---	---	-----
Drink coffee/soda?	---	---	-----
Exercise regularly?	---	---	-----
Poor nutrition?	---	---	-----

Are you healthier now than you were 5 years ago? Why or why not?

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Will you be healthier 5 years from now than you are already? Why or why not?  
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Please check the choice that best describes your current health/well-being goals.

- \_\_\_\_\_ I am only concerned about relief of symptoms.
- \_\_\_\_\_ I want symptom relief and prevention of future problems.
- \_\_\_\_\_ I want optimum health and well-being on every level available to me.

Stress Factors:

Please list all diagnosed conditions and any health concerns, even those that might seem unrelated to the purpose of today's visit. This information helps to give a better picture of overall stress on your body.

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Research is showing that many of the health challenges that occur later in life have their origins during the developmental years, some starting at birth.

Please tell us about any stress related to YOUR birth:	Yes	No	Explain
Drugs/medicine/tobacco/alcohol in pregnancy	---	---	-----
Labor chemically induced?	---	---	-----
Forceps/Vacuum Extraction/C-section?	---	---	-----
Premature delivery?	---	---	-----

	Yes	No	Explain
Vaccinations?	---	---	-----
Falls in first year of life?	---	---	-----
Any health related problems?	---	---	-----
Please tell us about any stress in your childhood:			
Any falls or injuries?	---	---	-----
Allergies/Asthma or Respiratory problems?	---	---	-----
Ear infections?	---	---	-----
Digestive Problems?	---	---	-----
Hyperactivity?	---	---	-----
Any other health related problems?	---	---	-----
Please tell us about any stress up to the present:			
Car accidents?	---	---	-----
Sports injuries?	---	---	-----
Work stress?	---	---	-----
Family/Home stress?	---	---	-----
Prescription Medication Use?	---	---	-----
Hospitalizations/Surgeries?	---	---	-----
Recurring Illness?	---	---	-----
Anything else?	---	---	-----
For women:			
Are you currently pregnant or nursing?-----			
If you have been pregnant, please describe your experience(s):			
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The human body is designed to express health and function normally.

All function is coordinated by the nervous system.

Physical, chemical and emotional stressors can interfere with neural processing.

When this interference occurs at the spinal level it is called vertebral subluxation.

The goal of chiropractic is to locate and reduce nervous system interference caused by vertebral subluxation and thereby optimize function within the body.

## Informed Consent for Chiropractic Care

When a patient seeks chiropractic health care and we accept a patient for such care, it is essential for both to be working for the same objective. It is important that each patient understand both the objective and the method that will be used to attain it. This will prevent any confusion or disappointment. You have the right, as a patient, to be informed about the condition of your health and the recommended care and treatment to be provided so that you may make the decision whether or not to undergo chiropractic care after being advised of the known benefits, risks and alternatives.

Chiropractic is a science and art which concerns itself with the relationship between structure (primarily the spine) and function (primarily the nervous system) as that relationship may effect the restoration and preservation of health. Health is a state of optimal physical, mental and social well-being, not merely the absence of disease or infirmity.

One disturbance to the nervous system is called a vertebral subluxation. This occurs when one or more of the 24 vertebrae in the spinal column become misaligned and/or do not move properly. This causes alteration of nerve function and interference to the nervous system. This may result in pain and dysfunction or may be entirely asymptomatic.

Subluxations are corrected and/or reduced by an adjustment. An adjustment is the specific application of forces to correct and/or reduce vertebral subluxation. Our chiropractic method of correction is by specific adjustments of the spine. Adjustments are usually done by hand but may be performed by a handheld instrument. In addition, ancillary procedures such as physiotherapy and/or rehabilitative procedures may be included.

If during the course of care we encounter non-chiropractic or unusual findings, we will advise you of those findings and recommend that you seek the services of another health care provider.

All questions regarding the doctor's objective pertaining to my care in this office have been answered to my complete satisfaction. The benefits, risks and alternatives of chiropractic care have been explained to me to my satisfaction. I have read and fully understand the above statements and therefore accept chiropractic care on this basis.

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Print Name

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Signature

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Date

Consent to evaluate and adjust a minor child:

I, \_\_\_\_\_ being the parent or legal guardian of  
\_\_\_\_\_ have read and fully understand the above Informed  
Consent and hereby grant permission for my child to receive chiropractic care.

## Acknowledgement of Receipt of Privacy Notice

In compliance with federal law, a copy of the national Standards for Privacy of Individually Identifiable Health Information is available upon request. The Privacy Notice describes in detail how a member's health information is used and shared with others.

All reasonable efforts will be made to protect the privacy of a member's health information, whether it is maintained on paper or electronically, and regardless of how it is communicated.

A copy of the Privacy Notice has been made available to me.

Name (print) \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_ Date of Birth \_\_\_\_\_

When member is a minor, or is unable to give consent, the signature of a parent, guardian, or other representative is required.

Signature of Representative \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_ Relationship to Member \_\_\_\_\_