

Getting to Know You!

Name: _____ Date: _____
 Address: _____ Birthday: ____/____/____
 City: _____ State: _____ Zip: _____ Height: _____ Weight: _____
 Phone: _____ Home _____ Email: _____
 _____ Work _____
 _____ Cell _____
 What is the best way to reach you? _____
 Relationship Status: Single Married Partnered Widowed Divorced
 Name of Partner: _____ Do you have children? Y or N
 Years Together: _____ How many live with you currently? _____
 Employer: _____ Job Title: _____
 How satisfied are you with your work? Low 1 2 3 4 5 6 7 8 9 10 High

If you are choosing to apply your insurance benefits, please fill in below:

Insurance Carrier: _____ HMO PPO POS
 Do you have an HRA/HSA/Flex Acct? yes no

We would like to make a copy of your insurance card in order to check your benefits.

How did you hear about us? _____

Listed below are some common health challenges. Please take a moment to check off anything that you have been experiencing, or for which you have an accepted diagnosis.

- | | | |
|----------------------------------|----------------------------|-------------------------------------|
| Attention Deficit Disorder _____ | Acne _____ | Body Tension _____ |
| Cancer _____ | Allergies _____ | Carpal Tunnel _____ |
| Depression _____ | Asthma _____ | Dizziness/Vertigo _____ |
| Diabetes _____ | Constipation _____ | Eye Sensitivity _____ |
| Fatigue _____ | Diarrhea _____ | Jaw Clenching _____ |
| Impotence _____ | Eczema, Psoriasis _____ | Loss of Balance _____ |
| Infertility _____ | Frequent Colds _____ | Loss of Smell/Taste _____ |
| Irritability _____ | Kidney Challenges _____ | Nervousness or Anxiety _____ |
| Menstrual Challenges _____ | Sinus Challenges _____ | Numbness in Extremities _____ |
| Mood Swings _____ | Urination Challenges _____ | Pins & Needles in Extremities _____ |
| Prostate Challenges _____ | | Restless Leg Syndrome _____ |
| Thyroid Challenges _____ | | Ringling/Buzzing in Ears _____ |
| | | Sleep Challenges _____ |
| Acid Reflux _____ | Cramping _____ | Arthritis _____ |
| Colic _____ | Decreased Motion _____ | Cholesterol Challenges _____ |
| Colitis _____ | Disc Challenges _____ | Cold Hands/Feet _____ |
| Crohn's Disease _____ | Hypertension _____ | Cold Sweats _____ |
| Diverticulitis _____ | Low-Back Pain _____ | Fainting _____ |
| Esophagus Challenges _____ | Mid-Back Pain _____ | Headaches _____ |
| Gas _____ | Neck Pain _____ | Heart Challenges _____ |
| Heartburn _____ | Shoulder Pain _____ | High Blood Pressure _____ |
| Irritable-Bowel Syndrome _____ | Soreness _____ | Hot or Cold Flashes _____ |
| Nausea _____ | Stiffness _____ | Low Blood Pressure _____ |
| Ulcers _____ | Strain/Sprain _____ | Migraines _____ |
| | Upper-Back Pain _____ | Swelling in Extremities _____ |

Have you previously received any diagnoses not listed on page 1?

What concerns brought you in today?

What areas of your life have been affected by this?

Is there anything about your nervous system or spine we should know about?

Stressors can disconnect our brain from our bodies. Rate your overall stress level over the past 90 days.

Low 1 2 3 4 5 6 7 8 9 10 High

What do you feel is your primary stress right now?

If you could get rid of ANY of these problems RIGHT NOW, which one would it be and why?

Please list any prescription, over-the-counter, or recreational drugs you take (including tobacco products).

In compliance with HIPAA, all information on this form is kept strictly confidential.

Name

How Long?

For What Reason?

<u>Name</u>	<u>How Long?</u>	<u>For What Reason?</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Terms of Acceptance

When one seeks chiropractic health care and his or her case is accepted for such care, it is essential for both doctor and patron to be working toward the same objective. Chiropractic has only one objective:

to help restore health by correcting vertebral subluxation through adjustment.

HEALTH

A state of optimal physical, mental and spiritual well-being, not merely the absence of dis-ease or infirmity.

VERTEBRAL SUBLUXATION

A misalignment of one or more of the 24 vertebra in the spinal column which causes alteration of nerve function and interference to the transmission of mental impulses, resulting in a lessening of the body's innate ability to express its maximum health potential.

ADJUSTMENT

The specific application of forces to facilitate the body's correction of vertebral subluxation. The chiropractic method of correction is by specific adjustments of the spine.

Chiropractors do not offer to diagnose or treat any dis-ease or condition other than vertebral subluxation. However, if during the course of a chiropractic spinal examination, non-chiropractic or unusual findings are encountered, you will be advised.

Regardless of what the dis-ease is called, chiropractors do not offer to treat it. Nor do chiropractors offer advice regarding treatment prescribed by others. The chiropractor's only practice objective is to eliminate a major interference to the expression of the body's innate wisdom. The only method is specific adjusting to correct vertebral subluxations.

I, _____ (print name), have read and fully understand the above statements. All questions regarding the doctor's objective pertaining to my care in Shift Powered by Chiropractic have been answered to my complete satisfaction. I therefore accept chiropractic care on this basis.

Signature

Date