Personal History

Have you ever had a chiropractic adjustment before? If yes, when was your last visit?

_____

How long were you under care? _____ How often did you go? _____

If you stopped, why? _____

Have you ever participated in: (check all that apply)

□ Network Spinal Analysis	□ bodywork	□ massage	□ osteopathy
□ cranial work	□ yoga	□ meditation	□ prayer
□ exercise	□ movement	□ Rebirthing	□ breathwork
□ psychotherapy	□ other: _____		

Are you currently taking any medications, vitamins, herbs or supplements?

_____

Is there a family history of

	Spinal Conditions	Arthritis	Cancer	Diabetes	Other: _____
Mother's side	□	□	□	□	□
Father's side	□	□	□	□	□

Yes	No	
□	□	Were you taught proper spinal movement?
□	□	Did/do you smoke or drink alcohol?
□	□	Do you eat healthfully?
□	□	Have you been in any accidents?
□	□	Have you had any surgery?
□	□	Are you taking any medications?
□	□	Do you have any history of injury or trauma?
□	□	Were you ever hospitalized?
□	□	Have you ever broken any bones?
□	□	Do you have any dental problems?
□	□	Do you have any hearing problems?
□	□	Do you have any occupational, physical or mental stress?
□	□	Do you have any hobbies or play any sports?

I hereby authorize the doctor's office to care for my condition, as they deem appropriate through chiropractic procedures. The doctor's office will not be held responsible for any pre-existing medically diagnosed conditions, nor for any medical diagnosis. I understand the above information and guarantee this form was completed correctly to the best of my knowledge and understand it is my responsibility to inform this office of any changes in my medical status.

_____ _____

Patient's Signature (Parent or Legal Guardian) Date

_____

Doctor's Signature