

Application for Care

Welcome _____ to our place of hope!

Today _____ you have entered a journey of optimum health...

I was referred to your place of HOPE by: _____

I understand that referrals have built this practice and I Do or Do Not (circle one) give permission to use my name in giving thanks for my future referrals.

I prefer to be called _____. I am (male female) and was born into this amazing world on: ____/____/____ making me _____ years young. I was assigned the SS#: _____ but understand that I am not a number but a member of a family that looks for the underlying cause of DIS-EASE.

My mailing address is: _____

My email address is: _____

I can be reached in the case of need at the following: Cell# _____ Phone Carrier _____

I give permission to send me emails & text message reminders : **Y or N**

Home # _____
Work # _____

My employer is _____ and I have worked there _____ years.

I am a _____ by trade and I am currently Married Single Minor Divorced Separated Widowed

The following is a list of my family members:

Spouse Name	DOB	Age
Children	DOB	Age
Children	DOB	Age
Children	DOB	Age

I am _____ tall and my weight is _____. My shoe size is _____ and I wear a (narrow, medium, wide) shoe.

Science tells us your spine should be cared for regularly. How often do you or have you been adjusted by a doctor of chiropractic?

Please circle one: Frequently When I Hurt 1x /Month Never

Research shows poor posture leads to an early death How do you rate your posture?

Poor 1 2 3 4 5 6 7 8 9 10 Excellent

Subluxations (spinal misalignment) over time will cause degeneration (arthritis) to the spine. The major cause to these subluxations is stress. Stress accelerates spinal damage. What is your stress level over the last 3 months.

Calm/Relaxed 1 2 3 4 5 6 7 8 9 10 Very Tense/Tight.

While we realize prescription medications are sometimes necessary they are also one of the leading causes of death in the U.S. and may hinder your body's ability to heal. Please list any medications you are taking: _____

Subluxations often result from daily trauma, auto accidents, work trauma, etc. and can all lead to serious spinal problems. When was your most recent injury? Home _____ Car Accident _____ Slip or Fall _____

Subluxations often go unrecognized until they lead to a state of disease, medical conditions/complaints or sometime unnecessary procedures. Please circle **Y** or **N** to any of the following that may relate to you.

- | | | | | |
|------------------------------------|---------------------------------------|--------------------------------|---|----------------------------------|
| Y N Heart Attack / Stroke | Y N Heart Surg./Pacemaker | Y N Heart Murmur | Y N Congenital Heart Defect | Y N Mitral Valve Prolapse |
| Y N Artificial Valves | Y N Alcohol / Drug Abuse | Y N Venereal Disease | Y N Hepatitis | Y N HIV/AIDS/ARC |
| Y N Shingles | Y N Cancer | Y N Frequent Neck Pain | Y N Glaucoma | Y N Anemia / Diabetes |
| Y N High/Low Blood Pressure | Y N Psychiatric Problems | Y N Rheumatic Fever | Y N Headaches | Y N Kidney Problems |
| Y N Ulcers / Colitis | Y N Fainting/Seizures/Epilepsy | Y N Sinus Problems | Y N Emphysema/Asthma | Y N Tuberculosis |
| Y N Difficulty Breathing | Y N Chemotherapy | Y N Lower Back Problems | Y N Artificial Bones/Joints/Implants | Y N Arthritis |

Please list any surgeries with dates and/or other medical condition(s) not listed above: _____

Women Only: Spinal Health is vitally important to ensure a healthy pregnancy and birth of a miracle. Is there a chance that you are pregnant? **Y** or **N** Are you currently taking birth control to make your body act as if it is pregnant? **Y** or **N**

Please list any nutritional supplements you are currently taking: _____

How do you rate your eating habits? Poor 1 2 3 4 5 6 7 8 9 10 Excellent

Are you interested in learning more about how your eating habits and supplementation can improve your health? **Y** or **N**

Understanding the importance of regular exercise, how often do you exercise? _____ Hrs/Wk

In 1958 the CDC stated smoking does not cause cancer. Today we know this is not true. Do you smoke? **Y** or **N** If yes, how much? _____ and for how long? _____

Per day

Years

Pain is the last state of the disease process are you currently in any pain? **Y** or **N**.

Please rate your pain: No Pain 1 2 3 4 5 6 7 8 9 10 W

Using the adjacent body charts, please circle all affected areas.

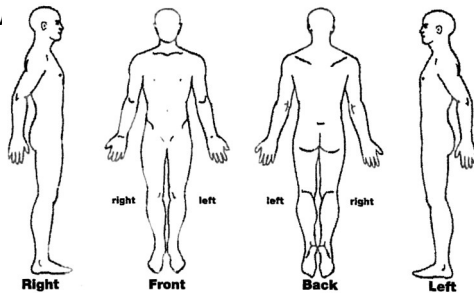
Have you been treated by a Medical Physician for this condition?

Yes **No** If so, where? _____

Have you ever been cared for by a Chiropractor? **Yes** **No**

Chiropractor's name: _____

Office phone #: _____



I have read the HIPPA guidelines and understand that my health information will not be shared with anyone without my consent.

Signature

Welcome to our place of HOPE!

We look forward to serving you along your journey to greater health...