

# Welcome to University Chiropractic!!

Our purpose is to check, educate and adjust as many families as possible toward optimal health through natural Chiropractic Care!!

~ ~ ~YOUR CONFIDENTIAL HEALTH RESUME ~ ~ ~

## Personal Information:

Today's Date: \_\_\_\_\_

First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Hm Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ SS#: \_\_\_\_-\_\_\_\_-\_\_\_\_

Occupation: \_\_\_\_\_ Employer/ Business: \_\_\_\_\_

Hobbies: \_\_\_\_\_

Marital Status: \_\_\_S\_\_\_M\_\_\_D\_\_\_W\_\_\_ Spouse's Name: \_\_\_\_\_

Names and Ages Of Children: \_\_\_\_\_

## Payment is expected at the time of your visit:

Do you have health insurance that you would like filed for your visits? \_\_\_Yes\_\_\_No

**If so, please give you card to the front desk to be copied.**

If you are **not** the primary card holder, please provide the following information:

Name of card holder: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Previous Chiropractic Care? \_\_\_Yes\_\_\_No If So, Where? \_\_\_\_\_

Approximate Date Of Last Adjustment: \_\_\_\_\_

Who May We Thank for Referring You? Or How Did You Learn About Our Office?

\_\_\_\_\_

## Please Check Your Reasons For Pursuing Corrective Chiropractic Care:

\_\_\_ I'm Continuing Care From Another Chiropractor

\_\_\_ I'm Interested In Wellness And Natural Health Care

\_\_\_ I'm Concerned About My Health, And I'm Looking For Answers

\_\_\_ I Have A Specific Body Signal That Concerns Me. (Please Explain Symptoms Or Condition):

\_\_\_ I Want To Improve My Immune Function

\_\_\_ I Am Not Really Sure Of Why I Am Here. Please Take Some Extra Time With Me To Explain Exactly What You Do Here.

\_\_\_Recent Work Related Injury? \_\_\_Yes \_\_\_No If so, Did you report it? \_\_\_Yes \_\_\_No

\_\_\_Recent Auto Accident? Date of Accident\_\_\_\_\_, Location:\_\_\_\_\_

**What is your ultimate goal for visiting our office?**

**In Order For Us To Better Understand Your Current Level Of Health, Please Check Any Of The Following Body Signals That You Have Or Have Had Previously:**

\_\_\_Dizziness \_\_\_Headache \_\_\_Postural Imbalance \_\_\_Arthritis \_\_\_Short Leg/Orthotics \_\_\_Ear Infection \_\_\_Intestinal Problems \_\_\_Frequent Colds \_\_\_Sinus Problems \_\_\_High Blood Pressure \_\_\_Bladder Problems \_\_\_ Kidney Problems \_\_\_PMS \_\_\_Menopausal Symptoms \_\_\_Other:\_\_\_

**Please List Any Prescription Or Over The Counter Medications That You Are Currently Taking:**

Do You Wish To Get Off Of Any Of These Medications? \_\_\_Yes \_\_\_No

Known Allergies:\_\_\_\_\_

I hereby certify that I have read and understand the above information to the best of my knowledge. The above questions have been accurately answered. I understand that providing incorrect information can be dangerous to my health. I authorize the chiropractor to release any information including the diagnosis and the records of any treatment or examination rendered to me or my child during the period of such chiropractic care to third party payers and/or health practitioners. I authorize and request my insurance company to pay directly to the chiropractor or chiropractic group insurance benefits otherwise payable to me. I understand that my chiropractic insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered on behalf of my dependants.

\_\_\_\_\_  
Signature of Patient/ Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name Printed/ Parent or Guardian Name

# Patient Health History

The vast majority of our patients have been involved in dozens of IMPACTS that could cause **VERTEBRAL SUBLUXATION** (spinal misalignment).

The doctors want to discover **5** of yours.

**Whether you felt injured or not**, please list ALL automobile/motorcycle accidents (fender benders count!):

<u>Date</u>	<u>Speed</u>	<u>Location of Impact</u>	<u>Any Treatment</u>	<u>Chiropractic Care?</u>
		Front, Side or Rear?	Yes or NO	Yes or NO
		Front, Side or Rear?	Yes or NO	Yes or NO
		Front, Side or Rear?	Yes or NO	Yes or NO
		Front, Side or Rear?	Yes or NO	Yes or NO
		Front, Side or Rear?	Yes or NO	Yes or NO

Most people have had a slip, strain or fall at home, work or playing sports, whether it was reported or not. Please list these traumas whether you felt injured or not...

<u>Circle or list type of trauma</u>	<u>Date</u>	<u>Briefly describe trauma</u>	<u>Any Treatment</u>	<u>Chiropractic Care?</u>
Slip, fall strain, broken bone or illness?			Yes or NO	Yes or NO
Slip, fall strain, broken bone or illness?			Yes or NO	Yes or NO
Slip, fall strain, broken bone or illness?			Yes or NO	Yes or NO
Other:			Yes or NO	Yes or NO
Other:			Yes or NO	Yes or NO

Have you ever fallen while:

1. Learning to crawl or walk? Yes or NO
2. Riding a bike, rollerskating/blading, playing....? Yes or NO

Are there any other kind of traumas that you have not mentioned yet? They all are important.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# The Stress Test

The following areas of stress can cause **SUBLUXATION** mis-aligned vertebra

Which of these stresses do you recognize?

Please check the areas where you experienced these stresses:

C (Child), T (Teenager), A (Adult)

<u>Physical/ Emotional/ Chemical Stress</u>	<u>CHILD</u>	<u>TEENAGER</u>	<u>ADULT</u>	<u>Additional Comments?</u>
Birth Trauma				
Slips/ Falls				
Car Accidents				
Sports Injuries				
Physical Abuse				
Poor Posture				
Work Injuries				
Sitting on a Wallet				
Sleeping on Stomach				
Extensive Computer Work				
Carrying Heavy Purse/ Bookbag/ Child				
Repetitive Lifting/ Bending				
Driving for Many Hours				
Many Hours Sitting/ Standing				
Children Stress				
Career Stress				
Relationship Stress				
Concealed Feelings				
Quick Tempered				
Smoker/ Second Hand Smoke				
Poor Diet/ Excessive Sugar or Caffeine				
Artificial Sweeteners				
RX Drugs				
Over the Counter Drugs				

Any other kind of stress: mental, physical, or spiritual that you have not mentioned yet?

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Do you see how **Vertebral Subluxations** (spinal misalignments) are so easily caused?

**Vertebral subluxation** affects your nervous system, which affects your health!