

					Employ	er / School				
Address										
			State Z		Spouse	'sEmployer/ O	ccupat	ion		
Home Phone					IN CAS	SE OF EMERG	ENCY,	CONTACT:		
Cell Phone					Name_			Phone_		
Email					Have yo	ou seen a Chiro	practo	r before?	Who?	
Sex DM [□ F Age	Ві	irthday		How did	d you respond f	rom th	e treatment?		
☐ Married	☐ Widow	ed 🗆	Single							
	□ Divorc		Partnered		Who m	ay wa thank fo	r rofor	ring you?		
						ay we mank to		g you		
HOW CAI										
vviiai biiligs yo										
If you are alread	dy experiencin	g a symptor	n, what is it?		A A	A A	_	A A	. .	A
How bad is it? F	low intense a	re your sym	nptoms? (circle)	NO SYMPTON	1 2	3 4	5	6 7		10 TENSE IPTOMS
Please circle ar	eas to the righ	nt where yo	u have pain or c	ther symptor	ns:	الله الله الله الله الله الله الله الله		3 2		
What does it fe	el like? (chec	k where ap	propriate)							
Numbness		Sharp				// /		// //		
☐ Tingling	_	Shooting				/ \				
		•				(g) X	(6)	(8/ 1 / 6)		
☐ Stiffness	_	Burning				٠ /	10	., \		
□ Dull		Throbbing)) () // (
□ Aching		Stabbing				()()		()()		
☐ Cramping		Swelling				\		\(\) /		
☐ Nagging		Other				717		211		
IMPACT (OF YOU	R SYMI	PTOMS							
IMPACT (nptom / conditi	on interferi	ng with your life		re appropriate)					
	nptom / conditi No	on interferi	ng with your life' Moderate	Severe	re appropriate)		No Effect	Mild Effect	Moderate Effect	Seve
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	nptom / conditi No	on interferin Mild Effect	ng with your life' Moderate Effect	Severe Effect	Energy		Effect		Effect	Effe
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How is this sym Work Exercise Recreation Relationships	nptom / conditi No Effect	on interferii Mild Effect	ng with your life' Moderate Effect □ □	Severe Effect	Energy Attitude Patience		Effect □ □	Effect	Effect	Effect
How is this sym Work Exercise Recreation	nptom / conditi No Effect □ □ □	on interferin	ng with your life' Moderate Effect □ □ □	Severe Effect □ □ □ □	Energy Attitude Patience Productivity		Effect □ □ □ □	Effect	Effect	Effect

	ILL	NESS-	WELLNE	SSCON	TINUU	M		
PRE-	Disease Deve	olonina		IFORT	Wellne	no Dovelon	ina	. WOULEVEL
MATURE	Disease Deve	eloping —		VELLNESS)	— wellne	ss Develop	ing —	→ HIGH-LEVEL WELLNESS
DEATH 0	1 2	3	4 5		7	8	9	10
		3	-		-	0	9	10
DISEASE Multiple medications	Sym	HEALTH ptoms	No sy	UTRAL ymptoms	Reg	OD HEALTH gular exercise		OPTIMAL HEALTH 100% function
Poor quality of life Potential becomes limited	Su	therapy rgery	Exercis	inconsistent se sporadic	Well	ood nutrition ness education		Continuous developmen Active participation
Body has limited function	Losing nor	rmal function	Health not	a high priority	Minimal	nerve interferer	nce	Wellness lifestyle
n the arrow diagram abov	re.							
· ·		our boolth too	day?					
A. What number do you t								
B. In what direction is y	our health curr	ently heade	d?					
Vhat areyour health go								
IMMEDIATE								
SHORT TERM _								
LONGTERM								
CHILDREN & P			Ar	e vou currently i	oregnant?	□ No. [∃ Yes I:	am due
CHILDREN & Plow many children do you handldrens' ages?	ve?		Nu	umber of past pr	egnancies?			am due
ow many children do you ha hildrens' ages? hildrens' health concerns? _	ve?		Nu	umber of past prealth concerns re	egnancies?	pregnancy?		
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