

Name: _____ Date: _____
Street: _____ City/State/Zip: _____
DOB: _____ E-mail: _____
Phone: _____ Cell: _____
Have you ever been adjusted by a chiropractor? _____ When? _____



Case History and Consultation:

What illness or condition brought you to our office? Please describe: _____

When did *this* episode begin? _____

How long ago did you first feel something similar to this? _____

On a scale of 1-10, how healthy do you consider yourself? _____

On a scale of 1-10, how much energy do you have on an average day? _____

On a scale of 1-10, how much stress are you under on an average day? _____

Where in your body do you hold or carry your stress? _____

What tools/treatments have you used to try to reduce your stress _____

Traumas/injuries/stresses create negative brain patterns. Please list significant stresses in your life:

Physical stresses/injuries: _____

Mental/Emotional stresses or challenges: _____

Chemical stresses (medications, alcohol, diet, workplace toxins): _____

Our bodies are designed to self-heal. Why do you believe you aren't healing? _____

What do you think might lie at the root of your illness? _____

What does your body/brain/mind need to help you heal? _____

Are there ways you may have sabotaged your own health and healing? Describe: _____

What bad habits do you need to release? _____

What things do you do to support your own health and healing? _____

How many hours do you sleep each night? _____

How many times per week do you meditate? _____

Do you have difficulty falling asleep or staying asleep? _____

When was the last time you bounced out of bed in the morning? _____

How much younger would you feel if your stress was significantly reduced? _____

How would you rate your level of happiness on a scale of 1 to 10? _____

Do you feel like you are in touch with your life purpose? YES NO

Is money a stress in your life? YES NO

Do you believe your thoughts influence your healing response? YES NO

Are you worthy of optimal and vibrant health? YES NO

Are you ready to invest the time, money, and energy necessary to improve your health? YES NO