

PERSONAL AND FAMILY HEALTH HISTORY

Today's date: _____

Name: _____
last first middle

Marital status: S M W D

Address _____
street city postal code

Gender M F Age _____ Date of Birth _____

Spouse _____ Children _____

Home Phone _____

Cell Phone _____

Work Phone _____

Email _____

If you prefer not to receive our email newsletters, please check this box.

Occupation _____ Employer _____

Who referred you to our office? _____ Medical Doctor _____

When was your last adjustment? _____ By Whom? _____

Do you need printouts for Extended Health No _____ Yes _____

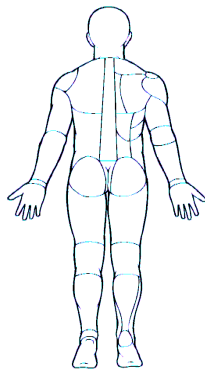
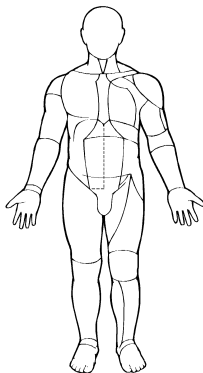
Are you claiming Worker's Compensation? No _____ Yes _____ Claim # _____

Are you claiming under ICBC? No _____ Yes _____ Claim # _____

PLEASE CHECK THE CHOICE THAT MOST CLOSELY DESCRIBES
YOUR CURRENT GOALS FOR HEALTH AND WELLBEING

- I am only concerned about relief of a particular symptom
- I am concerned about relief of a particular symptom, and preventing its return
- I am here for preventative wellness care

Please clarify areas of concern:



PERSONAL HISTORY

**THE HUMAN BODY IS DESIGNED TO EXPRESS HEALTH AND FUNCTION NORMALLY.
 HOWEVER, EVENTS MAY OCCUR IN LIFE, WHICH CAN INTERFERE WITH THIS NATURAL ABILITY.
 THIS INTERFERENCE IS COMMONLY THE RESULT OF VERTEBRAL SUBLUXATIONS.
 STRESS THAT MAY BE PHYSICAL, CHEMICAL OR EMOTIONAL
 MAY CAUSE THESE SUBLUXATIONS.**

**THE PRACTICE OF CHIROPRACTIC IS BASED ON THE LOCATION AND REDUCTION OF NERVE
 SYSTEM INTERFERENCE CAUSED BY THE VERTEBRAL SUBLUXATION.**

PLEASE TELL US ABOUT ANY STRESS UP TO THE PRESENT:
check any that apply

- Family Health:** Is there a family history of: Arthritis Cancer Diabetes Strokes
 Heart Disease High Blood Pressure Other _____
- Stress at birth (premature / forceps) Explain: _____
 - Allergies / Asthma _____
 - Digestive problems _____
 - Auto injury _____
 - Work injury _____
 - Sports injury _____
 - Work stress _____
 - Family / Home stress _____
 - Prescription drug use _____
 - Non-prescription drug use _____
 - Hospitalizations _____
 - Surgeries _____
 - Major illnesses _____
 - Reoccurring illness _____
 - Limited exercise _____
 - Poor nutrition _____

Anything else: _____
