SEASIDE CHIROPRACTIC

Personal Health History

Name:_____

Date:_____Address:_____

City:_____ State:_____ Zip:_____

Home phone:_____ Cell phone: _____ Other: _____

Email Address: _____

Date of Birth: _____ Age: _____ Gender: _____ Occupation: _____

please circle: single married partnered divorced widowed separated Number of Children:_____

Employer/school: _____ Employer/school phone: _____

In case of Emergency, Contact: _____Relationship: _____ phone: _____

Whom may we thank for referring you to Seaside Chiropractic? _____

Your body is designed to be healthy. Throughout life, experiences and events occur which may negatively impact your body's expression of health. Chiropractic serves to locate and release nerve interference and tension patterns which are being stored in your body; this allows for a greater expression of health.
Please thoroughly fill out the following information in order to help us understand your current state of health.

- Reason for seeking Chiropractic Care: (please mark all that apply)
  - __To experience a new level of health and healing
  - __To be more connected to my body
  - __To relieve my pain
  - __I'm not sure
  - __Other: _____

_____

- Do you currently have any health concerns? ___Yes ___No Please explain: _____

_____

- How has the above affected your life? _____

_____

- What do you hope to gain from the care here at Seaside Chiropractic? _____

_____

- Have you received Chiropractic Care in the past? ___Yes ___No
  - Date of last adjustment: _____ How long were you under care for: _____
  - Reason for ending care: _____
- Please briefly describe your daily routine, including meals and snacks: _____

_____

- What are your daily exercise habits? _____
- What are your current play/recreation activities? _____

- What is your level of commitment to yourself, your health and your wellbeing: High Medium Low
- How would you rate your current health? Poor Fair Average Good Excellent
- How would you describe your family's health? Poor Fair Average Good Excellent
- Are you healthier now than you were 5 years ago? ___Yes ___No Why? _____
- Do you know the health history of your birth? ___Yes ___No

  Were you born: ___Home birth ___Hospital birth ___Adopted ___Other

  Was your birth: ___Vaginal birth ___ Cesarean section

  Was medical intervention used during your birth? ___Yes ___No _____
- Are you currently receiving medical attention and if so, for what? _____

_____

- Please list ALL medications you are currently taking (prescription and non-prescription) _____

_____

_____

The following are some of the major stressors which can contribute to interference and tension in your body. Please check all that apply (or have applied) to you.

Physical Stressors	Emotional Stressors	Chemical Stressors
__Birth Trauma	__Relationships	__Environmental
__Slip/Falls	__Career	__Smoker
__Car Accidents	__Family	__2nd Hand Smoke
__Sports Injuries	__Finances	__Caffeine
__Physical Abuse	__Pace of Life	__Alcohol
__Heavy Physical Labor	__Quick temper	__"Diet/sugar free" food
__Poor Posture	__Holding in feelings	__ Soda intake
__Excessive computer use	__Perfectionism	__Prescription drugs
__Repetitive movements	__Procrastination	__Junk food
__Prolonged driving/standing	__Depression	__Recreational drugs

- What do you feel is the primary stress in your life? _____
- What are the 5 healthiest habits you currently choose in your life? _____

_____

- What are the top 5 habits you would like to shift in your life? _____

_____

- Why is your health important to you (ie. how will your life be better and what will you do once you reach your health goals)? _____

_____

- Is there anything else you would like to share with us? _____

_____