

What are your expectation with treatment today? \_\_\_\_\_

What specific physical goals would you like to achieve? \_\_\_\_\_

- I want Information about my health/nutrition
  - I want information for my family
  - I want to review my diet
  - I want to review my exercises
- What is your commitment level to improving your health (excluding chiropractic care)

- Low       Medium       High

What type of care are you interested in?

- Adjustment only (about 10 minute treatments)
- Adjustment & Muscle work (about 20 minute treatments)
- Adjustment, Therapies and muscle work (about 30 minute treatments)

*Muscle work includes: myofascial trigger point therapy, massage, muscle stripping*

*Therapy includes: muscle stimulation, ultrasound, traction, ice, heat,*

- (Check if applicable):
- dizziness/vertigo       nausea/vomiting       lack of balance
  - trouble speaking       double vision       vision loss       Numbness on one side of face or body
  - drop attacks - sudden numbness/weakness of face/arm/leg
  - dizziness/vertigo with neck rotation and/or extension
  - sudden onset of severe headaches/neck pain (different anything you have ever had before)
  - negative response to being adjustment
  - bowel or bladder changes

Pregnancy, # of births \_\_\_ Due date \_\_\_\_\_

- Prior episodes of symptoms       Depression       Have had pain more then a week
- Pain is greater then (6/10)       Sciatica       Have had pain more then a month
- Multiple sites of pain       Can't handle light work       Think things are worse then they really are
- Anxiety       Job dissatisfaction       Physical activity make pain worse
- Can't Sleep because of pain       Can't handle any recreation       Believe you shouldn't work with pain

- Have past history of cancer       Unexplained weight loss       Spinal pain more then 4 weeks
- Over 50 years old       Pain improves with rest       Have not responded to conservative care
- Corticosteroid use       Intravenous drug use       Current/recent urinary, respiratory infection
- Current/recent infection       Immunosuppression medication &/or condition

- History of significant trauma       Osteoporosis       Minor trauma and older then 50 years
- Are you over 70 years old       History of prolonged use of corticosteroids

- Have you had or have urinary retention or overflow incontinence (wet underwear)
- Loss of anal sphincter tone or fecal incontinence (bowel accidents)
- Saddle anesthesia (numbness in the groin region)
- Global or progressive muscle weakness in the legs (legs give out)

EXERCISE

- None
- Moderate
- Daily
- Heavy

WORK ACTIVITY

- Sitting
- Standing
- Light Labor
- Heavy Labor

HABITS

- Smoking
- Alcohol
- Coffee/Caffeine Drinks
- High Stress Level

Pack/Day \_\_\_\_\_

Drinks/Week \_\_\_\_\_

Cups/Day \_\_\_\_\_

Reason \_\_\_\_\_