

# PATIENT APPLICATION FORM

WELCOME TO OUR CLINIC. We specialize in assisting our patients to achieve their highest level of health through our spinal and postural corrective programs. Our approach is very unique and advanced from other rehabilitative programs. This allows our patients to achieve far superior results compared to most other systems.

Please fill out the following information thoroughly so the doctor can let you know if we can accept your case. Please feel free to ask any questions if you need assistance. We look forward to serving you.

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Patient Signature:

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Today's Date:

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File #:

# PATIENT APPLICATION SURVEY

Date: \_\_\_\_\_

Name: \_\_\_\_\_ (Age) \_\_\_\_\_ Gender: M F  
Home Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_  
Email Address: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Permission to have your Appointments messaged to you through text. Cell Carrier: \_\_\_\_\_  
Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Marital Status: S M D W  
Names of Children: \_\_\_\_\_ Ages: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer Name: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_  
Spouse's Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
How were you referred to this office? \_\_\_\_\_

## PURPOSE OF THIS VISIT

Reason for this visit – Main Complaint: \_\_\_\_\_  
Is this purpose related to an auto accident / work injury?  Yes  No If so, when: \_\_\_\_\_  
When did this condition begin? \_\_\_\_/\_\_\_\_/\_\_\_\_ Did it begin: Gradual Sudden Progressive over time  
What activities aggravate your symptoms? \_\_\_\_\_  
Is there anything, which has relieved your symptoms?  Yes  No Describe: \_\_\_\_\_  
Type of Pain: Sharp Dull Ache Burn Throb Spasm Numb Tingling Shooting  
Does the Pain Radiate into your: \_\_\_Arm \_\_\_Leg \_\_\_Does not radiate Is this condition getting worse?  Yes  No  
How often do you experience these symptoms throughout the day?: 100% 75% 50% 25% 10% Only with Activity  
Does complaint(s) interfere with: \_\_\_Work \_\_\_Sleep \_\_\_Hobbies \_\_\_Daily Routine Explain: \_\_\_\_\_  
Have you experienced this condition before?  Yes  No If so, please explain: \_\_\_\_\_  
Who have you seen for this? \_\_\_\_\_ What did they do? \_\_\_\_\_  
How did you respond? \_\_\_\_\_

## EXPERIENCE WITH CHIROPRACTIC

Have you seen a Chiropractor before?  Yes  No Who? \_\_\_\_\_ When? \_\_\_\_\_  
Reason for visits: \_\_\_\_\_  
How did you respond? \_\_\_\_\_  
Did your previous chiropractor take before and after x-rays?  Yes  No  
Did you know posture determines your health?  Yes  No  
Are you aware of any of your poor posture habits?  Yes  No  
Explain: \_\_\_\_\_  
Are you aware of any poor posture habits in your spouse or children?  Yes  No  
Explain: \_\_\_\_\_

The most common postural weakness is Forward Head Syndrome (head and neck starting to bend forward and progressively moving downward weakening your whole body). Even less severe forms of this posture can cause many adverse affects on your overall health. Have you ever been told or felt like you carry your head forward, noticed a rounding of your shoulders or a developing "hump" at the base of your neck? Yes No

Date: \_\_\_\_\_

# HEALTH LIFESTYLE

Do you exercise? Yes No How often? 1X 2X 3X 4X 5X per week other: \_\_\_\_\_

What activities? Running Jogging Weight Training Cycling Yoga Pilates Swimming \_\_\_\_\_

Do you smoke? Yes No How much? \_\_\_\_\_

Do you drink alcohol? Yes No How much / week? \_\_\_\_\_

Do you drink coffee? Yes No How many cups / day? \_\_\_\_\_

Do you take any supplements (i.e. vitamins, minerals, herbs)? \_\_\_\_\_

## HEALTH CONDITIONS

Abnormal postural habits or distortions are the result of trauma or stress to the body that have misaligned the vertebrae in your spine. When these vertebrae are twisted from their normal position, they will cause stress to the spinal cord and the delicate nerves that pass between the vertebrae. These misalignments are called Subluxations (sub-lux-a-shuns). It has been extensively documented that subluxations, causing stress to your nerves, will weaken and distort the overall structure of your spine. This results in a weakened and distorted POSTURE. Postural distortions have many serious and adverse affects on your overall health. The most common and detrimental postural distortion is called Forward Head Syndrome (a "hunched forward" posture starting in the neck and progressively moving down your spine weakening the entire body). Please check any health condition you may be experiencing, now or in the past.

### CERVICAL SPINE (NECK):

Postural distortions from subluxations, (causing Forward Head Syndrome), in your neck will weaken the nerves into your arms, hands and head affecting these parts of your body. Do you experience...?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Neck Pain                           | <input type="checkbox"/> Headaches           | <input type="checkbox"/> Sinusitis            |
| <input type="checkbox"/> Pain into your shoulders/arms/hands | <input type="checkbox"/> Dizziness           | <input type="checkbox"/> Allergies/Hay fever  |
| <input type="checkbox"/> Numbness/tingling in arms/hands     | <input type="checkbox"/> Visual disturbances | <input type="checkbox"/> Recurrent colds/Flue |
| <input type="checkbox"/> Hearing disturbances                | <input type="checkbox"/> Coldness in hands   | <input type="checkbox"/> Low Energy/Fatigue   |
| <input type="checkbox"/> Weakness in grip                    | <input type="checkbox"/> Thyroid conditions  | <input type="checkbox"/> TMJ/Pain/Clicking    |

Explain: \_\_\_\_\_

### THORACIC SPINE (UPPER BACK):

Postural distortions from subluxations (resulting from Forward Head Syndrome) in the upper back will weaken the nerves to the heart and lungs and affect these parts of your body. Do you experience...?

- |   |   |
|---|---|
| <input type="checkbox"/> Heart Palpitations   | <input type="checkbox"/> Recurrent Lung Infections/Bronchitis |
| <input type="checkbox"/> Heart Murmurs        | <input type="checkbox"/> Asthma/Wheezing                      |
| <input type="checkbox"/> Tachycardia          | <input type="checkbox"/> Shortness Of Breath                  |
| <input type="checkbox"/> Heart Attacks/Angina | <input type="checkbox"/> Pain On Deep Inspiration/Expiration  |

### THORACIC SPINE (MID BACK):

Postural distortions from subluxations (resulting from Forward Head Syndrome) in the mid back will weaken the nerves into your ribs/chest and upper digestive tract, and affect these parts of your body. Do you experience...?

- |  |   |
|--|---|
| <input type="checkbox"/> Mid Back Pain             | <input type="checkbox"/> Nausea   |
| <input type="checkbox"/> Pain Into Your Ribs/Chest | <input type="checkbox"/> Ulcers/Gastritis   |
| <input type="checkbox"/> Indigestion/Heartburn     | <input type="checkbox"/> Hypoglycemia   |
| <input type="checkbox"/> Reflux                    | <input type="checkbox"/> Tired/Irritable after eating or when you haven't eaten for a while |

### LUMBAR SPINE (LOW BACK):

Postural distortions from subluxations in the low back (resulting from Forward Head Syndrome) will weaken the nerves into your legs/feet and pelvic organs and affect these parts of your body. Do you experience...?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Pain into your hips/legs/feet       | <input type="checkbox"/> Weakness/injuries in your hips/knees/ankles | <input type="checkbox"/> Low back pain |
| <input type="checkbox"/> Numbness/tingling in your legs/feet | <input type="checkbox"/> Recurrent bladder infections                |  |
| <input type="checkbox"/> Coldness in your legs/feet          | <input type="checkbox"/> Frequent/difficulty urinating               |  |
| <input type="checkbox"/> Muscle cramps in your legs/feet     | <input type="checkbox"/> Menstrual irregularities/cramping (females) |  |
| <input type="checkbox"/> Constipation / Diarrhea             | <input type="checkbox"/> Sexual dysfunction                          |  |

Please list any health conditions not mentioned: \_\_\_\_\_

Please list any medications currently taking and their purpose: \_\_\_\_\_

Please list all past surgeries: \_\_\_\_\_

Please list all previous accidents and falls: \_\_\_\_\_