

THE POWER OF THE BODY

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 most 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 subluxations**.

PLEASE TELL US ABOUT ANY STRESS RELATED TO YOUR BIRTH

	No	Yes	Explain:
1) Drugs/medicine/tobacco/alcohol in pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2) Labor chemically induced?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3) Forceps/Vacuum extraction/C-section?	<input type="checkbox"/>	<input type="checkbox"/>	_____
4) Premature delivery?	<input type="checkbox"/>	<input type="checkbox"/>	_____
5) Vaccinations?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6) Falls in the first year of life?	<input type="checkbox"/>	<input type="checkbox"/>	_____
7) Any health related problems?	<input type="checkbox"/>	<input type="checkbox"/>	_____

PLEASE TELL US ABOUT ANY STRESS RELATED TO YOUR CHILDHOOD

	No	Yes	Explain:
1) Any falls or injuries?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2) Allergy/Asthma or Respiratory problems?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3) Ear Infections?	<input type="checkbox"/>	<input type="checkbox"/>	_____
4) Digestive Problems?	<input type="checkbox"/>	<input type="checkbox"/>	_____
5) Hyperactivity?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6) Any other health related problems?	<input type="checkbox"/>	<input type="checkbox"/>	_____

PLEASE TELL US ABOUT ANY STRESS UP TO THE PRESENT

	No	Yes	Explain:
1) Auto Injuries?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2) Work Injuries?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3) Sports Injuries?	<input type="checkbox"/>	<input type="checkbox"/>	_____
4) Work Stress?	<input type="checkbox"/>	<input type="checkbox"/>	_____
5) Family/Home Stress?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6) Prescription Drug Use?	<input type="checkbox"/>	<input type="checkbox"/>	_____
7) Ever Hospitalized/Surgeries?	<input type="checkbox"/>	<input type="checkbox"/>	_____
8) Major Illnesses?	<input type="checkbox"/>	<input type="checkbox"/>	_____
9) Limited Exercise?	<input type="checkbox"/>	<input type="checkbox"/>	_____
10) Poor Nutrition?	<input type="checkbox"/>	<input type="checkbox"/>	_____

AUTHORIZATION FOR CARE

I certify that I have read and understand the above information to the best of my knowledge. The above questions have been accurately answered. I hereby authorize the Doctor(s) to work with my condition through the use of adjustments as he/she deems appropriate. I clearly understand and agree that all services rendered me are charged directly to me and that I am personally responsible for payment. The Doctor(s) will not be held responsible for any medical diagnosis. I also understand that if I suspend or terminate my care, any fees will become immediately due and payable. I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. I understand that the Doctor's Office will prepare any necessary reports and forms to assist me in collecting from the insurance company and that any amount authorized to be paid directly to the Doctor's Office will be credited to my account on receipt. I authorize the release of records to assist in collections.

Patient or-Guardian Signature _____ Date: _____