Chiropractic Family Wellness Center
433 US Rte 1
Scarborough, ME 04074
207-883-5549
www.chirofamilywellnesscenter.com

Health History

NAME ______________________________ DATE ______________
ADDRESS ______________________ CITY/STATE ______________ ZIP __________
HOME PHONE ______________________ MOBILE PHONE ______________________
WORK PHONE/S ______________________ BIRTHDATE ______________
OCCUPATION ______________________ EMPLOYER ______________________
ADDRESS ______________________ CITY/STATE ______________ ZIP __________
SPOUSE / PARTNER ______________________ CHILDREN (NAMES/AGES) ______________________
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E-MAIL ADDRESS: ______________________________________
WHO REFERRED YOU TO US ______________________________________
PAST CHIROPRACTIC CARE? YES/NO DR.'S NAME/LOCATION ______________________
______________________________________ LAST VISIT ______________
CURRENT MEDICAL CARE? YES/NO WHY? ______________________________
CURRENT DRUGS/MEDICATION ______________________________________
REASON FOR CONSULTING THIS OFFICE ______________________________

PLEASE CHECK THE ONE CHOICE THAT MOST CLOSELY DESCRIBES YOUR CURRENT GOALS FOR HEALTH/WELLBEING.

- ☐ I am only concerned about relief of a particular symptom.
- ☐ I am only concerned about relief of a particular symptom, and preventing its return.
- ☐ I want optimum health and wellbeing on every level available to me.

WE ACCEPT PAYMENT BY CASH, CHECK AND CREDIT CARD
I understand that all services are to be paid in full at the time of service,
unless other arrangements have been made and agreed upon in writing.

Signature: ______________________________ Date: ______________

- ☼ 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 caused by vertebral subluxations, resulting from physical, chemical or emotional stress.
- ☼ The practice of chiropractic is based on locating and reducing the vertebral subluxation, which causes nerve system interference.

Please check any that apply

PLEASE TELL US ABOUT ANY STRESS AT YOUR BIRTH:

- ▫ **Drugs/medicine/tobacco/alcohol in pregnancy** — **Explain:** ______________________
- ▫ **Labor chemically induced?** ______________________
- ▫ **Forceps/Vacuum Extraction/C-section** ______________________
- ▫ **Premature delivery?** ______________________
- ▫ **Vaccinations?** ______________________
- ▫ **Falls in first year of life?** ______________________
- ▫ **Any health related problems?** ______________________

PLEASE TELL US ABOUT ANY STRESS ASSOCIATED WITH CHILDHOOD:

- ▫ **Any falls or injuries?** — **Explain:** ______________________
- ▫ **Allergy/Asthma or Respiratory** ______________________
- ▫ **Ear infections?** ______________________
- ▫ **Digestive problems?** ______________________
- ▫ **Hyperactivity?** ______________________
- ▫ **Any other health related problems?** ______________________

PLEASE TELL US ABOUT ANY STRESS UP TO PRESENT:

- ▫ **Auto Accident or Injury?** — **Explain:** ______________________
- ▫ **Work Injury?** ______________________
- ▫ **Sports Injury?** ______________________
- ▫ **Work Stress?** ______________________
- ▫ **Family/Home Stress?** ______________________
- ▫ **Prescription Drug Use?** ______________________
- ▫ **Non-Prescription Drug Use?** ______________________
- ▫ **Ever Hospitalized?** ______________________
- ▫ **Surgery?** ______________________
- ▫ **Any Major Illness?** ______________________
- ▫ **Reoccurring Illnesses?** ______________________
- ▫ **Limited Exercise?** ______________________
- ▫ **Poor Nutrition?** ______________________
- ▫ **Anything else?** ______________________

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