

Chiropractic Family Wellness Center

CONFIDENTIAL CASE HISTORY

Name _____ Date of Birth ___ / ___ / ___ Age _____
Address _____ City _____ State _____ Zip _____
Home Phone _____

PARENTS

Mother _____ Address _____
Occupation _____ Work phone # _____
Father _____ Address _____
Occupation _____ Work phone # _____

What is your reason for seeking chiropractic care? _____

Have you received chiropractic care before? _____

Have you had spinal x-rays? _____ When? _____

Do any other family members receive chiropractic care? _____

The next set of questions help in determining what type of stress you have experienced in your lifetime which may have **affected** the condition of your spine.

Physical Stress

Birth Process

Place: Home _____ Hospital _____ Birth Center _____

Drugs: Anesthesia _____ Epidural _____ Pitocin _____

Other _____

Birth: Forceps _____ Vacuum _____ C-section _____

Have you ever been knocked unconscious? _____ Please describe _____

List any impacts, falls or injuries that you feel specifically may have affected your body (spine) _____

Have you ever been involved in a car accident? _____

Have you ever been hospitalized? _____

Have you ever had surgery? _____

Have you ever had a spinal tap? _____ neck collar _____

traction _____ spinal brace _____ heel lift _____

Are you currently taking any prescription or over the counter drugs (within the last year)? _____

Are you under the care of a physician? _____

Are you exposed to smoke? _____

Vaccination History:

Full _____ Partial _____

The age of when you had shots _____

Emotional Stress

Please circle any of the following stresses which you are now, or have experienced in the past:

childhood stress

school stress

family stress

personal relationships

loss of loved one

change in lifestyle

change in vocation/job

stress of being sick

List below any specific topics (and /or concerns) you would like to discuss today.

We are a cash practice and offer a creative and affordable fee system. We can not accept accident insurance, bodily injury, or workman’s compensation cases.

I understand that payment is expected when service is rendered.

Signature _____ date _____

Parent or guardian signature _____ date _____

Thank you for choosing The Chiropractic Family Wellness Center.

We are excited to join you in reaching you fullest wellness potential!!!
