Your Wellness History – Health Profile

Vibrant Living Chiropractic

Date: ______________

Name: _____________________________________ **DOB:** ___________ **Age:** ______/ **Male Female**

Address: ____ **City:** _________________________ **State:** ____ **Zip:** ________

Home # (   )___________________ **Work: (   )**____________________ **Cell: (   )**________________________

Best time to contact: _______________________

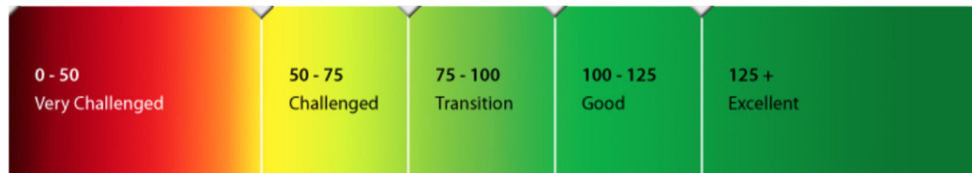
Email address: ____ **Status:** Single Married Partnered Divorced Widowed

# of Children: ______ **Names/Age:** ____

Occupation: ______________________ **Employer Name/Address:** ____

Rate your health and wellness.

Place an '**X**' that denotes where you believe is your current level of wellness.
Place an '**O**' indicating where you would like your wellness to be.



YOUR HEALTH PROFILE

- What brings you into our office today?

Please briefly describe, including the impact it has had on your life. If you're only here for chiropractic wellness services please skip this part and go to "General History" on the next page.

Rate Severity (scale 1-10, 1being mild) When and how did this start? Are symptoms constant or intermittent?

____

____

____

- Since the problem started it is; ___the same ___getting better ___ getting worse

What makes the problem worse?____

____

- What, if anything, makes the problem feel better?_______________________________________

____

- Does this interfere with your; ___Leisure ___Work ___Sleep ___Sports ___Other

____

- Have you seen other doctors for this condition? ___Chiropractor ___MD ___Other

Name/Address: ____ Date: _____________

What was the diagnosis: ____

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GENERAL HISTORY

- Please list all medications you are taking, and why; (Prescription and non-prescription)

____

____

____

- Have you had any surgeries and/or hospitalizations? ___Yes ___No

If yes, briefly explain:____

____

- Have you ever had any work related injuries? ___Yes ___No

If yes, briefly explain: ____

____

- Have you ever had any slips, falls or auto accidents? ___Yes ___No

If yes, briefly explain:____

____

Please check all symptoms (now or in the past) you have ever had, even if they do not seem related to your current problem.

Current	Past	Symptom	Current	Past	Symptom
❑	❑	Headaches	❑	❑	Irritability
❑	❑	Pins & needles in arms	❑	❑	Cold hands
❑	❑	Pins & needles in legs	❑	❑	Cold feet
❑	❑	Dizziness	❑	❑	Fever
❑	❑	Numbness in fingers	❑	❑	Urinary problem
❑	❑	Fatigue	❑	❑	Fainting
❑	❑	Sleeping problems	❑	❑	Eyes bothered by light
❑	❑	Tension	❑	❑	Stomach upset
❑	❑	Ulcers	❑	❑	Diarrhea
❑	❑	Buzzing in ears	❑	❑	Cold sweats
❑	❑	Ringing in ears	❑	❑	Mood swings
❑	❑	Numbness in toes	❑	❑	Loss of smell
❑	❑	Depression	❑	❑	Loss of taste
❑	❑	Constipation	❑	❑	Back pain
❑	❑	Menstrual pain	❑	❑	Neck pain
❑	❑	Menstrual irregularity	❑	❑	Stiff neck

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YOUR GOALS

- On a scale of 1 to 10 (1 = none, 10 = extreme), describe your emotional/psychological/lifestyle stress levels:

Scale =____ Occupational stress: ____
Scale =____ Personal stress: ____

- On a scale of 1 to 10 (1 = poor, 10 = excellent), describe your habits and condition as it relates to:

Eating_____ Exercise_____ Sleep_____ General Health_____ Wellness lifestyle_____

Please check all that are relevant.

Do you:

- ❑ Water - Drink ½ your body weight in ounces
- ❑ Exercise regularly
- ❑ Take vitamins or supplements

Would you like to know more about:

- ❑ Proper Nutrition and meal planning
- ❑ Proper exercise routines and techniques
- ❑ How to deal with LifeStyle stress

Wellness Goals

Physical (being fit)	**Nutritional** (eating right)	**Psychological** (think well)
____________________	____________________	____________________
____________________	____________________	____________________
____________________	____________________	____________________

Thank you for filling out this form.
It is your first step to Creating Wellness!

I consent to a professional and complete chiropractic examination. I understand that all fee's for services rendered are due at the time of service and cannot be deferred to a later date.

Signature: ____ Date: ____________________

Please return this form to our staff and someone will be right with you.

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