

# Welcome to Cheshire Wellness Center!

## Comprehensive Health Profile

Throughout life, stresses and traumatic events can damage the body and alter your body and your life. The practice of chiropractic is the location and adjustment of spinal subluxations. These spinal subluxations may be caused by any stress to which your body cannot adapt. These stresses may be PHYSICAL, CHEMICAL or EMOTIONAL in nature. Understanding the physical, chemical and emotional stresses that have acted upon your spine and nervous system assist in serving you. Please be as thorough as possible when completing the following form.

Name \_\_\_\_\_ Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

E-mail \_\_\_\_\_

Referred by \_\_\_\_\_ Relationship: Friend/Family/Other \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ May we call you at your work? Y N

Do you have health insurance? Y N Insurance Provider \_\_\_\_\_

Marital Status: S M D W L/W Spouse Name \_\_\_\_\_ # of Children \_\_\_\_\_

What made you decide to visit our office?  Phone call  Yellow Pages  Sign  Website  Workshop Email  Other

Research shows that your spine should be checked regularly. How many times have you visited a chiropractor in your

lifetime: \_\_\_\_\_  Never Do you have a family medical doctor Y N Name: \_\_\_\_\_

Date of last medical consultation and result? \_\_\_\_\_

Has anyone in your family suffered a serious illness? \_\_\_\_\_

FOR WOMEN: Spinal health is especially important during pregnancy. Is there any chance you are pregnant?  Y  N

What is your motivation for seeking care in this office? \_\_\_\_\_

IF WE ACCEPT YOUR CASE for wellness services, are you willing to follow the doctor's recommendations for recovery, health preservation and life enhancement?  YES  NO If NO please explain \_\_\_\_\_

### HISTORY OF PHYSICAL STRESSES

**BIRTH** Were there any problems associated with your mother's pregnancy with you? (check all that apply)

falls/injury  illness  difficult  other \_\_\_\_\_

Was your birth: (check all that apply)

drug induced  C section  breech  natural  forceps/suction  
 prolonged  cord around neck  home  hospital  traumatic

Comments or additional information: \_\_\_\_\_

**GENERAL PHYSICAL TRAUMA:** Have you had an accident or near accident, even as a passenger, in a(n):(check all that apply)

automobile  motorcycle  bus train  bicycle  plane  other \_\_\_\_\_

Explain with dates \_\_\_\_\_

Medical intervention: (check all that apply)

hospitalizations  surgery  chemotherapy  cast/collars  traction  braces  
 shoe lifts etc.  physiotherapy  spinal tap  x-ray therapy  transfusion  other  
 organ removal  acupuncture  extensive x-rays

COMMENTS: \_\_\_\_\_

Next to each potential spinal subluxation cause is a check box. Check all that apply and note dates:

FALLS:  from crib \_\_\_\_\_  tree \_\_\_\_\_  bicycle \_\_\_\_\_  steps \_\_\_\_\_  skates \_\_\_\_\_  on ice \_\_\_\_\_

physical fight \_\_\_\_\_  armed forces \_\_\_\_\_  abuse \_\_\_\_\_  unconscious \_\_\_\_\_  broken nose \_\_\_\_\_

used crutch/cane \_\_\_\_\_  major dental work \_\_\_\_\_  childhood illness \_\_\_\_\_

Please describe daily activities for work, home or school such as sitting, lifting, standing, phone work, sports, exercise, etc:

POOR POSTURE is a sign of nerve distress: How would you rate your posture? Poor- 1 2 3 4 5 6 7 8 9 10- Excellent

## **HISTORY OF CHEMICAL STRESSES**

During your mother's pregnancy with you, did she (check all that apply):  use prescription drugs  use non-prescription drugs  
 chemically induce birth  consume alcohol  smoke  unknown

Comments: \_\_\_\_\_

Have you and your family members been vaccinated? Y N

Next to each potential spinal subluxation cause is a check box. Please check all that apply:

Do you or have you ever taken:  prescription drugs  over the counter drugs  antibiotics  other

Do you or have you ever worked with:  chemicals  fumes  dust  smoke

Do you consume:  alcohol  coffee/caffeine  tobacco  tap water  recreational drugs

artificial sweeteners  refined sugar  meat  other

Comments: \_\_\_\_\_

Please describe your eating habits: \_\_\_\_\_

## **HISTORY OF EMOTIONAL STRESSES**

How do you grade your physical health?  Excellent  Good  Fair  Poor  Getting better  Getting worse

How do you grade your emotional/mental health?  Excellent  Good  Fair  Poor  Getting better  Getting worse

How do you rate your overall quality of life?  Excellent  Good  Fair  Poor  Getting better  Getting worse

Each of these life stresses is a potential cause of spinal subluxation. Please check all that apply and note their severity on a 1-5 scale (1 is the easiest and 5 the most difficult)

Childhood \_\_\_\_\_  Loss of a loved one \_\_\_\_\_  Recreation \_\_\_\_\_  Family \_\_\_\_\_  Work \_\_\_\_\_

Stress of illness \_\_\_\_\_  Relationships \_\_\_\_\_  Commuting \_\_\_\_\_  School \_\_\_\_\_  Abuse \_\_\_\_\_

Divorce/separation \_\_\_\_\_  Parents' divorce \_\_\_\_\_  Financial \_\_\_\_\_  Lifestyle change \_\_\_\_\_  Other \_\_\_\_\_

Emotional and Mental stress can cause and/or accelerate spinal nerve dysfunction.

Rate your stress level over the last 90 days: Low - 1 2 3 4 5 6 7 8 9 10 - High Over your life? Low - 1 2 3 4 5 6 7 8 9 10 - High

Comments: \_\_\_\_\_

If you consider yourself ill, why do you feel you are ill? \_\_\_\_\_

If you consider yourself well, why do you feel you are well? \_\_\_\_\_

Which are you more interested in?  Crisis and emergency care  Wellness and maintenance care

Have you ever or do you currently receive the following vehicles toward growth, healing or personal development? Check all that apply and list any comments you wish to share:

Chiropractic  Somato-respiratory integration  Bodywork  Massage

Osteopathy  Meditation  Psychotherapy  Movement or exercise

Prayer  Rebirthing  Reiki  other \_\_\_\_\_

Is there anything else you may wish to share which may help us to better understand you, and why you have chosen to come to this office? \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Today's date \_\_\_\_\_

Parent/Guardian Signature if minor \_\_\_\_\_ Today's Date \_\_\_\_\_

Cheshire Wellness Center

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